## 43000066979

(Re	equestor's Name)	
(Ac	idress)	
(Ac	ddress)	·
(Ci	ty/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		1

Office Use Only



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WATER O. BUTLER

## **COVER LETTER**

TO:	Registration Section Division of Corporations
SUBJE	Diana Zura Court Reporting, LLC  Name of Limited Liability Company
The enc	losed Articles of Organization and fee(s) are submitted for filing.
Please re	eturn all correspondence concerning this matter to the following:
_	Diano Zura
_	Name of Person
-	Firm/Company
_	1703 SE. 21st Street
_	Address
_	Cape Coral FL 33990  City/State and Zip Code  Chanezura@aol. Com
_	City/State and Zip Code
_	Chanezura (a) aol. Com
	E-mail address: (to be used for future annual report notification)
For furt	her information concerning this matter, please call:
	Diane Zura at 239 410-5175  Name of Person Area Code & Daytime Telephone Number
	Name of Person Area Code & Daytime Telephone Number
Enclose	ed is a check for the following amount:
□\$125.0	Of Filing Fee \$\frac{1}{2}\$\$130.00 Filing Fee \$\frac{1}{2}\$\$\$155.00 Filing Fee \$\frac{1}{2}\$\$\$\$Certificate of Status \$\frac{1}{2}\$\$\$ Certificate of Status \$\frac{1}{2}\$\$\$ Certificate of Status \$\frac{1}{2}\$\$\$ Certificate of Status \$\frac{1}{2}\$\$\$\$ Certified Copy (additional copy is enclosed)
	Mailing Address  Street/Courier Address  Pegistration Section  Pegistration Section

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:	
Diane Zura (	ourt Reporting, LLC
(Must end with the words "Limited Liability	
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1703 SE 21st Street Cape Cores, FL 33990	1703 SE 21st Street 32990 &
Cape Corel, TC 33990	Cape Coral, FC 33790 is
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	Office, & Registered Agent's Signature: 😯
The name and the Florida street address of the re	gistered agent are:
Diane Zur	c-
Name	
1703 SE 21	St Street
	ress (P.O. Box NOT acceptable)
Cape Coral,	53990
City, Sta	te, and Zip
liability company at the place designated in th	ccept service of process for the above stated limited his certificate, I hereby accept the appointment as

Registered Agent's Signature (REQUIRED)

all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.

(CONTINUED)

Page 1 of 2

<u> Fitle:</u>	Name and Address:
'MGR" = Manager	
'MGRM" = Managing Member	
MOR	Diane Zura
	1703 SE 21st Street
	Cape Coral FC 33990
	7 Tep 41/7 120-121/7
	- Joseph -
	M.Z.
<del></del>	
(Use attachment if necessary)	
,	A L. CONTROL
LE V: Effective date, if other the	an the date of filing: (OPTION
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LE V: Effective date, if other the ffective date is listed, the date or 90 days after the date of filing REQUIRED SIGNATURE:  Signature of a maccordance with sectionstitutes an affirmation	must be specific and cannot be more than five busing.)  Lift Zuganember or an authorized representative of a member.

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Régistered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)