

L 13000136953

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



400251001954

EFFECTIVE DATE
9-25-2013

08/23/13--01007--011 **160.00

FILED
13 SEP 26 PM 4: 13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
SEP 27 2013



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 4, 2013

JAMES L WILLIAMS
901 SW JACQUELINE AVE.
PORT ST. LUCIE, FL 34953

SUBJECT: DIVERSIFIED RETAIL LLC.
Ref. Number: W13000048906

We have received your document for DIVERSIFIED RETAIL LLC. and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is P95000078246 "DIVERSIFIED RETAIL, INC.".

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on August 29, 2013. Please amend your document accordingly.

If you have any questions concerning the filing of your document, please call (850) 245-6870.

Karen A Saly
Regulatory Specialist II

Letter Number: 113A00020822

(850) 245-6051.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Diversified Retail LLC. Diversified Retail Plus LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

James L. Williams

Name of Person

Diversified Retail LLC. Diversified Retail Plus LLC.

Firm/Company

901 SW Jacqueline Ave

Address

Port Saint Lucie FL 34953

City/State and Zip Code

JLWilliams376@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

James Williams

Name of Person

at (352) 8750543

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|---|---|--|

Mailing Address

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

Street/Courier Address

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:

EFFECTIVE DATE
9-25-2013

~~Diversified Retail LLC.~~ Diversified Retail Plus LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

901 SW Jacqueline Ave

Port Saint Lucie Florida 34953

Mailing Address:

901 SW Jacqueline Ave

Port Saint Lucie FL 34953

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

James L. Williams

Name

901 SW Jacqueline Ave


Florida street address (P.O. Box **NOT** acceptable)

Port Saint Lucie, FL 34953

City, State, and Zip

FILED
13 SEP 26 PM 4:15
CLERK OF STATE
TALLAHASSEE, FLORIDA

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of 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.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

James L. Williams

901 SW Jacqueline Ave

Port Saint Lucie Fl 34953

MGRM

Christopher R. Campbell

901 SW Jacqueline Ave

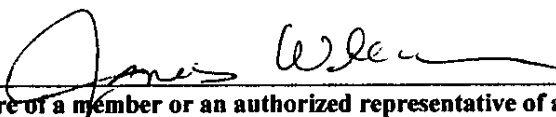
Port Saint Lucie, Fl 34953

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 9/25/13 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:


Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

James L. Williams

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation
of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)