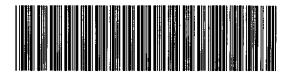
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(Requestor's Name)		
(Address)		
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(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificates	s of Status
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SECRETARY OF STATE
DIVISION OF COMPORATION

APR - 9 2014 J. HARRIS

COVER LETTER

1 10	Corporations		
SUBJECT:	Diane Charam	ut, LLC	
		mited Liability Company	
he enclosed Article	es of Organization and fee(s) a	are submitted for filing.	
Please return all corr	espondence concerning this n	natter to the following:	
·	Christian R. Hol		
		Name of Person	
	Law Office of Cl	hristian R. Hoheb	
		Firm/Company	
·	314 Main Street		
		Address	
	Farmington, CT (06032	
	(City/State and Zip Code	
	choheb@aol.com		
	E-mail address: (to be use	ed for future annual report notific	ation)
or further information	on concerning this matter, ple	ase call:	
Christian R.		860) 678-9345	
Na	me of Person	Area Code Daytime Te	lephone Number
nclosed is a check f	or the following amount:		
125.00 Filing Fee	□\$130.00 Filing Fee &	□\$155.00 Filing Fee &	\$160.00 Filing Fee, Certificate of Status &
	Certificate of Status	Certified Copy (additional copy is enclosed)	Certified Copy (additional copy is enclosed
	iling Address	Street/Courier Add	ress
Reg	gistration Section	Registration Section	

Mailing Address
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

ARTICLES OF ORGANIZATION FOR FD	ORIDA LIVITED LIABILITY COMPANY
ARTICLE 1 - Name: The name of the Limited Liability Company is:	
Diane Charamut, LLC	
(Must end with the words "Limited Li	ability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office	ce of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2727 N. Atlantic Avenue Unit 301 Daytona Beach, FL 32118	314 Main Street Farmington, CT 06032
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own Reanother business entity with an active Florida registration.) The name and the Florida street address of the registered ag	egistered Agent. You must designate an individual or
Diane Charamut	
Name	
2727 N. Atlantic Ave	enue, Unit 301
Florida street address (P.O. Box N	OT acceptable)
Daytona Beach	FL 32118
City	Zip
the place designated in this certificate, I hereby accept the capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the obligation.	ce of process for the above stated limited liability company at a ppointment as registered agent and agree to act in this all statutes relating to the proper and complete performance ations of my position as registered agent as provided for in 605, F.S

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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SECRETARY OF STATE

ART	ICL	ΕI	V	-
The.			٦	

The name and address of each person authorized to manage and control the Limited Liability Company:

	<u>Title:</u>	Name and Address:	
	"AMBR" = Authorized Member		
	"MGR" = Manager AMBR	Christian D. Hohab	
	MIDK	Christian R. Hoheb	
		314 Main Street	
		Farmington, CT 06032	
	AMBR	Diane Charamut	
	·	2727 N. Atlantic Avenue, Unit 301	
		Daytona Beach, FL 32118	
	 		
	(Hon otto show out if a common)		
	(Use attachment if necessary)		
ARTIC	CLE V: Effective date if other than the date of fi	ling: (OPTIONAL)	
lf an	effective date is listed, the date must be specific	c and cannot be more than five business days prior to or 90 days after	
	te of filing.)		
	•		
ARTIC	CLE VI: Other provisions, if any.		
	The state of the s	· · · · · · · · · · · · · · · · · · ·	
	REQUIRED SIGNATURE:	/	
	REQUIRED SIGNATURE:		
	Dione Cha	ramul	
	Signature of a membe	r or an authorized representative of a member.	

Signature of a member or an authorized representative of a member. (In accordance with section 605.0203 (1) (b), 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.)

Diane Charamut

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)

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