

L14000176794

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

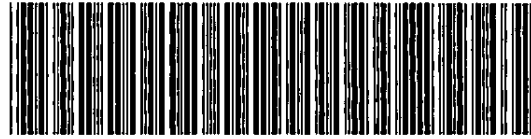
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100263408921

09/30/14--01015--002 **160.00

FILED

14 NOV 13 PM 3:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOV 14 2014

T. HAMPTON

2541

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Piece by Piece 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:

Patricia Diaz

Name of Person

3D Capital Investments Corporation

Firm/Company

17633 Gunn Hwy #145

Address

Odessa, FL 33556

City/State and Zip Code

pat.diaz@gmail.com

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

For further information concerning this matter, please call:

Geoffrey Diaz

Name of Person

at (813)

Area Code

404-9175

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☒ \$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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 7, 2014

PATRICIA DIAZ
17633 GUNN HWY #145
ODESSA, FL 33556

SUBJECT: PIECE BY PIECE LLC
Ref. Number: W14000060805

We have received your document for PIECE BY PIECE 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 administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 114A00021353

9/23/14

I, Laura DiGiovanni, release the name, Piece by Piece LLC, to
Patricia Diaz, 11504 Belmack Blvd. S, Odessa, FL 33556, (813) 569-0316
46-2409964

#1, Laura DiGiovanni will not revoke my dissolution.

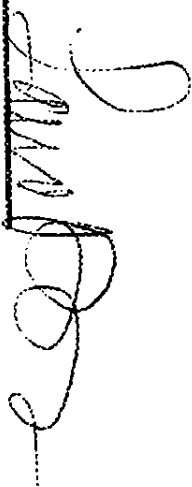
The document number of this limited liability company is
L13000161527

9/23/2014

X

Laura DiGiovanni

Laura DiGiovanni

A handwritten signature in black ink, appearing to read 'Laura DiGiovanni', is written over a horizontal line.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Piece by Piece 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:

Piece by Piece
2109 Main St. - E2
Dunedin, FL 34698

Mailing Address:

Piece by Piece
2109 Main St. - E2
Dunedin, FL 34698

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:

Patricia Diaz

Name

11504 Belmack BLVD S.

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

Odessa

FL

33556

City

Zip

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 605, F.S..

Patricia Diaz

Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
14 NOV 13 PM 3:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

Patricia Diaz
11504 Belmock BLVD S.
Odessa, FL 33556

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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.)

ARTICLE VI: Other provisions, if any.

FEI/EIN Number 46-2409964

REQUIRED SIGNATURE:

Patricia Diaz

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.)

Patricia Diaz

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)

FILED
14 NOV 13 PM 3:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA