Dec. 11./2014 C 3/14/1 000/893 No.7168/P. 1 of 2

## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document,

(((H14000286577 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet,

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : HAILE, SHAW & PFAFFENBERGER, P

Account Number: 076326003550

Fax Number

Phone : (561)627~8100

Enter the email address for this business entity to be used for thire

minual report mailings. Enter only one email address please.\*\*

FLORIDA LIMITED LIABILITY CO. DIVERSIFIED INVESTMENTS - CABINS IV, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu



## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
DIVERSIFIED INVESTMENTS - CABINS IV. LLC (Must end with the words "Limite	d 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:	Mailing Address;	
1285 High Street	1285 High Street Suite B	
Aubum, CA 95603	Aubum, CA 95603	<del></del>
ARTICLE III - Registered Agent, Registered Office (The Limited Liability Company cannot serve as its own another business entity with an active Florida registration.) The name and the Florida street address of the registere	n Registered Agent. You must designate an ion.)	14 SE
<u>Drennen L. Whitmire, Jr., Es</u> Nam		DEC   CRETAGE AHASS
660 U.S. Highway One. Thir Florida street address (P.O. Bo		I PH SEE, FL
North Palm Beach	FL 33408	SA CO
City  Having been named as registered agent and to accept s	Zip service of process for the above stated limite	ORIUA 3: 40 Alie dilability company at
the place designated in this certificate, I hereby acce capacity. I further agree to comply with the provision	ept the appointment as registered agent and	agree to act in this

of my duties, and I am familiar, with and accept the obligations of my position as registered agent as provided for in

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:	
MGR	Barry L. Haase	
<del></del>	1650 Land's End Road	
	Manalepen, FL 33462	
<del></del>		
(Use attachment if necessary)	····	
CLE V: Effective date, if other than the date effective date is listed, the date must be ap	of filing: Dacomber 11, 2014 (OPTIONAL) ocific and cannot be more than five business days prior to of 3	o desta un
(CLE V: Effective date, if other than the date effective date is listed, the date must be apate of filing.)		o designation
(CLE V: Effective date, if other than the date effective date is listed, the date must be apate of filing.)		O days and
CLE V: Effective date, if other than the date effective date is listed, the date must be spite of filing.)		JEC 11   PH
(CLE V: Effective date, if other than the date effective date is listed, the date must be apate of filing.)		14 m   2: 40
CLE V: Effective date, if other than the date effective date is listed, the date must be spate of filing.)  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a me (In accordance with section 60 constitutes an affirmation under	ecific and cannot be more than five business days prior to a support t	)EC
CLE V: Effective date, if other than the date effective date is listed, the date must be spate of filing.)  ICLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a me (In accordance with section 66 constitutes an affirmation under I am aware that any false infor	prior of an authorized representative of a member.	)EC

Page 2 of 2

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)