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(Re	questor's Name)	
(Ad	dress)	
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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to I	Filing Officer	
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EFFECTIVE DATE

2014 DEC -8 PM 12: 04

EXAMPLER
DEC 1 6 2014

COVER LETTER

· TO:	Registration Section Division of Corporations	
SUBJE	ECT: Diane D. Thurbon, LLC	
20202		f Limited Liability Company
The end	closed Articles of Organization and fee(s) are submitted for filing.
Please	return all correspondence concerning th	is matter to the following:
	Diane D. Thurbon	
		Name of Person
		Firm/Company
	1801 Formosa Avenue	
		Address
	. Orlando, FL 32804-5970	
		City/State and Zip Code
dt	hurbon@msn.com E-mail address: (to be	used for future annual report notification)
For furt	ther information concerning this matter,	
7 01 1411	mer information concerning this matter,	picase can.
Diane		at (<u>407</u>) <u>538-1789</u>
	Name of Person	Area Code Daytime Telephone Number
Enclose	ed is a check for the following amount:	
\$125.0	0 Filing Fee	
	Mailing Address	Street/Courier Address
	Registration Section Division of Corporations	Registration Section Division of Corporations
	P.O. Box 6327 Tallahassee, FL 32314	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
Diane D. Thurbon, LLC	
(Must end with the words "Lim	nited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the princip	oal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1801 Formosa Avenue	P. O. Box 547598
Orlando, FL 32804-5970	Orlando, FL 32854-7598
ARTICLE III - Registered Agent, Registered Off (The Limited Liability Company cannot serve as its another business entity with an active Florida regist The name and the Florida street address of the regist Diane D. Thurbon	own Registered Agent. You must designate an individual or ration.) tered agent are:
N	lame ZÃ C
1801 Formosa Avenue	SOFT OF IT
Florida street address (P.O.	Box NOT acceptable)
Orlando	FL 32804-5970
City	Zip
the place designated in this certificate, I hereby a capacity. I further agree to comply with the provisi	pt service of process for the above stated limited liability company at accept the appointment as registered agent and agree to act in this ions 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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

Title:	Name and Address:
AMBR" = Authorized Member MGR" = Manager	
MBR	Diane D. Thurbon
	
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V: Effective date, if other than the dat	te of filing: January 1, 2015 . (OPTIONAL)
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