L15000110342

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP   ☐ WAIT   ☐ MAIL
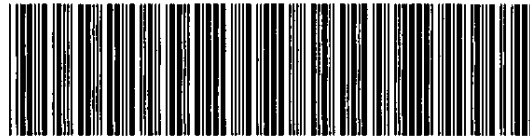
(Business Entity Name)

(Document Number)

Certified Copies _____   Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

COVER LETTER

TO: **Registration Section**
        Division of Corporations

SUBJECT: _DIABOS NORTH AMERICA 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:

ROSEMARY P. COLEMAN
Name of Person

DIABOS NORTH AMERICA LLC.
Firm/Company

5 GATESHEAD DRIVE #110
Address

DUNEDIN FL 34698
City/State and Zip Code

Northamerica@diabos.ae
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROSEMARY Coleman (_727_) _365 - 2332_
Name of Person   Area Code   Daytime Telephone Number

Enclosed is a check for the following amount:

☐ $125.00 Filing Fee   ☐ $130.00 Filing Fee &   ☑ $155.00 Filing Fee &   ☐ $160.00 Filing Fee,
                           Certificate of Status   Certified Copy   Certificate of Status &
                                                        (additional copy is enclosed)   Certified Copy
                                                                                    (additional copy is enclosed)

Mailing Address	**Street Address**
New Filing Section	New Filing Section
Division of Corporations	Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle
	Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

APPROVED AND FILED

ARTICLE I - Name:
The name of the Limited Liability Company is:

15 JUN 25 PM 2: 26

DIABOS North America LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.") *SECRETARY OF STATE TALLAHASSEE. FLORIDA*

ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
5 GATESHEAD DRIVE #110	
DUNEDIN FL	*SAME*
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:

Rosemary P Coleman
Name

5 GATESHEAD DRIVE #110
Florida street address (P.O. Box **NOT** acceptable)

DUNEDIN FL 34698
City   State   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..

RP Coleman
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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

Title:
"AMBR" = Authorized Member
"MGR" = Manager

_A M B R_

Name and Address:

15 JUN 25 PM 2: 26

~~SECRETARY OF STATE~~

ROSEMARY P. ~~COLEMAN~~
5 GATESHEAD DRIVE #110
DUNEDIN FL 34698

AMBR

ALFRED A COLEMAN
5 GATESHEAD DRIVE #110
DUNEDIN FL 34698

(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.)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

_____
_____
_____

REQUIRED SIGNATURE:

RP Coleman

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.)

ROSEMARY P COLEMAN
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)