

1 OF 3 numbiz.org/scripts/efilcovr.exe

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of ¢crporations

Fax Number

: (850) 617-6381

Erom:

Account Name : HUBCO

Account Number : 104562003400

Phone

: (516)935-3940

Fax Number

: (800)293-4075

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: josiel 72004@aol.com

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15 AUG 20 AH 9: 40
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ALLAHASSER FERMIN

FLORIDA LIMITED LIABILITY CO.

2905 NW 66th Ave, Hollywood, FL 33024 LLC

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Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

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15 AUG 21 AM ID: 59

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Corporate Filing Menu

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H15000201231

ARTECLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

2905 N W 66th Ave, Hollywood, FL 33024 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:

Mailing Address:

2905 N W 66th Ave.

Hollywood, FL 33024

250 S. Hollybrook Terrace 48-102

Pembroke Pines, FL 33025

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:

Joanne S. Carvajal

Name

250 S. Hollybrook Terrace 48-102

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

Pembroke Pines

RL 33025

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 683.7.5.

Registered Agent's Signature (REQUIRED)

Joanne S. Carvajal

(CONTINUED)

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"AMBR" = Authorized Member	Name and Address:
"MGR" = Manager MGR	Joanne S. Carvajai
141-0/3	250 S Hollybrook Ter.
	Pembroke Pines, FL 33025
MGR	Lori Daino
	4154 SW 66th Way
	Davie, FL 33314
44	
(Use attachment if necessary)	
E.V: Effective date, if other than the discrive date is listed, the date must be f filing.) E.VI: Other provisions, if any.	ate of filing: (OPTIONAL) specific and cannot be more than five instruss days prior to or 9
E V: Effective date, if other than the discrive date is listed, the date must be f filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE:	ate of filing: (OPTIONAL) specific and cannot be more than five imstances days prior to or 9

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August 21, 2015

To whom it may concern:

.RE: Corporate Filing - 000276091220

As a follow up to a phone conversation yesterday afternoon, I am writing to request a refund of filing fees paid. I apparently filed in error and will refile at the moment as a fictitious name (DBA).

Document Number: W15000055463

Entity Name: DIAZ MARTIN REAL ESTATE, LLC

Tracking Number: 000276091220

Pin Number: 1220

I appreciate your time and effort in helping me resolve this matter.

Regards,

حداثا است

cdiazmartin@aol.com

786-338-8324

15 AUG 21 AM 10: 5 SECRETARY OF STATE