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(Cit	y/State/Zip/Phone	e #)
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COVER LETTER

TO:	Registration Section Division of Corporations		
CUDIE	Dicelo Investment Group		
SUBJEC	CT:Name	of Limited Liabil	ity Company
The encl	osed Articles of Organization and fea	e(s) are submitted	for filing.
Please re	eturn all correspondence concerning t	this matter to the	following:
	Eric Dietz		
		Name of	Person
	Dicelo Investment Group		
		Firm/Co	ompany
	3804 Rolf Drive		
	*******	Addr	ess
	Tallahassee, Florida 32303		
	dietz.eric@gmail.com	City/State an	d Zip Code
	E-mail address: (to be	e used for future a	annual report notification)
For furthe	r information concerning this matter,	please call:	
	Eric Dietz	407	267 4116
	Name of Person	at (Area Code	Daytime Telephone Number
Enclosed	l is a check for the following amount	:	
\$125.00	Filing Fee \$130.00 Filing Fee Certificate of State	tus ——Certifi	200 Filing Fee & Sed Copy Sed Copy al copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section		Street Address New Filing Section
	Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Division of Corporations 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:	
Dicelo Investment Group LLC	
(Must end with the words "Limit	ed Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal	l office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
3804 Rolf Drive	3804 Rolf Drive

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:

Tallahassee Florida 32303

Mark Barcelo		
	Name	
380	4 Rolf Driv	ve
Florida street addres	ss (P.O. Box NOT acc	eptable)
Tallahassee	Florida	32303
City	State	Zip

Tallahassee Florida 32303

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

Title: "AMBR" = Authorized Me "MGR" = Manager	Name and Address:	
MGR	Eric Dietz 3804 Rolf Drive	海 足C
	Tallahassee, Florida 32303	
AMBR	Mark Barcelo 3804 Rolf Drive	= B
	Tallahassee, Florida 32303	14:2
	<u> </u>	co.
an effective date is listed, the da date of filing.)	the date of filing: (OPTIONAL) t be specific and cannot be more than five business days prior to or 90 es not meet the applicable statutory filing requirements, this date will not	-
TICLE V: Effective date, if other an effective date is listed, the date of filing.) ste: If the date inserted in this block document's effective date on the	t be specific and cannot be more than five business days prior to or 90 es not meet the applicable statutory filing requirements, this date will not	-
TICLE V: Effective date, if other an effective date is listed, the date of filing.) te: If the date inserted in this block document's effective date on the	t be specific and cannot be more than five business days prior to or 90 es not meet the applicable statutory filing requirements, this date will not	-
TICLE V: Effective date, if other an effective date is listed, the date date of filing.) ste: If the date inserted in this blood document's effective date on the stock document's effective date on the stock date. REQUIRED SIGNATURES Signature I am aware	t be specific and cannot be more than five business days prior to or 90 es not meet the applicable statutory filing requirements, this date will not	-
TICLE V: Effective date, if other an effective date is listed, the date date of filing.) ote: If the date inserted in this blood document's effective date on the effective date on the effective date. TICLE VI: Other provisions, if a sign of the effective date on the effective date of the effective date of the effective date on the effective date of effective date on the effective date of effective date on the effective date of effective	es not meet the applicable statutory filing requirements, this date will not rement of State's records. of a member or an authorized expresentative of a member. Sexecuted in accordance with section 605.0203 (1) (b), Florida Statutes. By false information submitted in a document to the Department of State	-

ARTICLE IV-