Division of Corporations **Electronic Filing Cover Sheet**

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(((H15000284629 3)))



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To:

Division of Corporations

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From:

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Email Address: charlesm@cpamassie.com

FLORIDA LIMITED LIABILITY CO. DI-AN, LLC

Certificate of Status	1
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EFFECTIVE DATE 15/00/15

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

57

The name of the Limited Liability Company is: DI-AN, LLC

ARTICLE II - Address

The mailing address and street address of the principal office of the Limited Liability Company is:

4560 Estero Blvd. Unit 501 Fort Myers Beach, FL 33931

ARTICLE III - Registered Agent, Registered Office & Registered Agents Signature The name and Florida street address of the registered agent are:

Charles Abels Massie
Name

15671 San Carlos Bivd., Suite 201

(P.O. Box or Mail Drop Box NOT acceptable)

Fart Myers, FL 33908

(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.

Charles about Manual
Registered Agent's Signature - Charles Abels Massic

Name and Adress:

ARTICLE IV -

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

"AMBR" = Authorized Member
"MGR" = Manager

AMBR

Andre G. Chambre
4560 Entero Blyd. Unit 501
Fort Myers Beach, FL 33931

AMBR

Diene D. Chambre
4560 Entero Blyd. Unit 501
Fort Myers Beach, FL 33931

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SEGRETARY OF STATE
SEGRETARY OF

H15000284629

ARTICLE V – Effective date, if other than the date of filling: <u>December 2, 2015</u> (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.)

REQUIRED SIGNATURE:

Signature of a member or 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.)

Andre G. Chambre

Typed or printed name of signee

15 DEC -2 MM 10: 01