Office Use Only



600284216796

84/07/16--01806--887 **138.88

COVER LETTER

	Registration Section Division of Corporations	
SUBJEC	Diana Martin LLC	ج ا
SUBJEC		imited Liability Company
The enclo	osed Articles of Organization and fee(s)	Limited Liability Company are submitted for filing.
Please ret	turn all correspondence concerning this	
	Diana Martin	
		Name of Person
	Diana Martin LLC	
		Firm/Company
	4802 50th Avenue West	
		Address
	Bradenton, FL 34210	
	dianabradenton@gmail.com	City/State and Zip Code
	·	ed for future annual report notification)
For further	information concerning this matter, ple	ase call:
		941 900-7175
	Name of Person	Area Code Daytime Telephone Number
Enclosed	is a check for the following amount:	
	Filing Fee \$\sum \text{\$130.00 Filing Fee & Certificate of Status}	\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section Division of Corporations	Street Address New Filing Section Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle

ANTICLESOFORGANIZATION	FOR FLORIDA LIMITED LIABILITY COMPANY
RTICLE I - Name:	
e name of the Limited Liability Company is:	
Diana Martin LLC	
(Must end with the words "Lir	nited Liability Company, "L.L.C.," or "LLC.")
RTICLE II - Address:	
·	
RTICLE II - Address: the mailing address and street address of the principal	

The name and the Florida street address of the registered agent are:

Diana Martin Name 4802 50th Avenue West Florida street address (P.O. Box NOT acceptable) Bradenton FL 34210 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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page Lof2

Title:	Name and Address:	
"AMBR" = Authorized Me		
"MGR" = Manager		
MGR	Diana Martin	
	4802 50th Avenue West	
	Bradenton, FL 34210	
	The state of the s	
(Use attachment if necessa		
、		
LEV. Effective data if other	the date of filing: (OPTIONAL)	
ele 🔻 Effective date, it blife	st be specific and cannot be more than five business days prior to or 90 da	ays a
fective date is listed, the da		•
ffective date is listed, the da	•	
fective date is listed, the da of filing.)	es not meet the applicable statutory filing requirements, this date will not be	e lis
fective date is listed, the da of filing.) If the date inserted in this blo	es not meet the applicable statutory filing requirements, this date will not be	e lis
ffective date is listed, the da e of filing.) If the date inserted in this blo	es not meet the applicable statutory filing requirements, this date will not be	e lis
ffective date is listed, the date of filing.) If the date inserted in this blument's effective date on the	es not meet the applicable statutory filing requirements, this date will not be	e lis
ffective date is listed, the date of filing.) If the date inserted in this blument's effective date on the LE VI: Other provisions, if a	es not meet the applicable statutory filing requirements, this date will not be	e lis
ffective date is listed, the date of filing.) If the date inserted in this blument's effective date on the LE VI: Other provisions, if a	nes not meet the applicable statutory filing requirements, this date will not be artiment of State's records.	e lis
ffective date is listed, the date of filing.) If the date inserted in this blument's effective date on the LE VI: Other provisions, if a	nes not meet the applicable statutory filing requirements, this date will not be artiment of State's records.	e lis
fective date is listed, the date of filing.) If the date inserted in this blument's effective date on the LE VI: Other provisions, if a	nes not meet the applicable statutory filing requirements, this date will not be artiment of State's records.	e lis
fective date is listed, the date of filing.) If the date inserted in this blument's effective date on the LE VI: Other provisions, if a	nes not meet the applicable statutory filing requirements, this date will not be artiment of State's records.	e lis

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Diana Martin

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)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)

Page 2 of 2

16 APR -7 AM 10: 22

SKOKE TERY OF STAILERS