

L16000082725

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

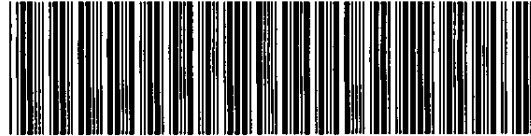
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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Office Use Only

W16-018156



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04/28/16-80931-010 138.75  
04/28/16--01014--018 \*\*46.25

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 10, 2016

DIEGO PEDRAZA  
11201 N.W. 89 ST., APT. 108  
MIAMI, FL 33178

SUBJECT: DIPELI, LLC  
Ref. Number: W16000018156

We have received your document for DIPELI, LLC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Thomas Chang  
Regulatory Specialist II  
New Filing Section

Letter Number: 616A00005007

RECEIVED

16 APR 28 PM 12:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

[www.sunbiz.org](http://www.sunbiz.org)

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

Date: April 19, 2016

Subject: DIPELI, LLC.

Ref. Number: W16000018156

Dear Thomas Chang,

I received your rejection letter number 616A00005007 dated March 10, 2016. It looks like my accountant submitted the incorrect form and I erroneously paid the incorrect filing fee. My intention was to file the articles for a new LLC and not a Corporation.

Please see attached the corrected articles of Organization for a new Florida Limited Liability Company. I am also sending along with the articles, a check in the amount of \$46.25 which together with the \$78.75 already paid, makes the \$125.00 filing fee for the LLC.

Please make the needed corrections/amendments to my previous filing and send a confirmation e-mail to: **o\_hedez@yahoo.com** once the changes have been made.

If you need further clarification, please feel free to contact my accountant Oscar Hernandez at: 786-925-5553.

I will appreciate your prompt attention to this matter.

Thanks.



Diego Pedraza  
786-797-0110

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** DIPELI, 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:**

DIEGO PEDRAZA

Name of Person

DIPELI, LLC

Firm/Company

11201 N.W 89 ST. APT 108

Address

MIAMI, FL 33178

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DIEGO PEDRAZA	786	797-0110
Name of Person	Area Code	Daytime Telephone Number

Enclosed is a check for the following amount:

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

**Mailing Address**

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

New Filing Section  
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:

DIPELI, 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:**

11201 N.W 89 ST

APT 108

MIAMI, FL 33178

**Mailing Address:**

11201 N.W 89 ST

APT 108

MIAMI, FL 33178

**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:

DIEGO PEDRAZA

Name

11201 N.W 89 ST. APT 108

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

MIAMI

FL

33178

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)

FILED  
CLERK OF STATE  
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**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

AMBR

DIEGO PEDRAZA

11201 N.W 89 ST. APT 108

MIAMI, FL 33178

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

(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:**

  
\_\_\_\_\_  
**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.

DIEGO PEDRAZA

\_\_\_\_\_  
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)**

16 JUN 28 PM 1:42  
SECRETARY OF STATE  
FLORIDA