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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
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05/03/16--01028--014 **130.00

EFFECTIVE DATE

MAY 1 2016

S. GILBERT

COVER LETTER

TO:

Registration Section

Division of Corporations
HJ Diva Investments, LLC SUBJECT:
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:
Shelley Wheeler
Name of Person
HJ Diva Investments, LLC
Firm/Company
5204 Birch Ave
Address
Sarasota, FL 34233
City/State and Zip Code
shelley.wheeler01@gmail.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Shelley Wheeler QU 774 1193 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\times \text{S130.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{S160.00 Filing Fee, Certified of Status & Certified Copy (additional copy is enclosed)}
Mailing Address Street Address

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

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	ty Company is:			
HJ Diva Investments				3 AM 11:49
(Must end	with the words "Limite	d Liability Com	pany, "L.L.C.," or "LLC.")	16 MAI -3 MINE
ARTICLE II - Address:				AT BUANTED MEDIAN
The mailing address and street a	ddress of the principal	office of the Lin	nited Liability Company is:	
<u>Princip</u>	al Office Address:		Mailing Ac	ldress:
5204 Birch Avenue			5204 Birch Avenue	
Sarasota, FL 34233			Sarasota, FL 34233	
The name and the Florida street	address of the registere Shelley Wheeler	d agent are:		
		Name		
	5204 Birch Ave			
	Florida street addre	ss (P.O. Box <u>NC</u>	IT acceptable)	
	Sarasota	FL	34233	
	City	State	Zip	
laving been named as registered of lace designated in this certificate, arther agree to comply with the pr m familiar with and accept the ob	I hereby accept the approvisions of all statutes i	pointment as regi relating to the pr	istered agent and agree to a oper and complete perform	ct in this capacity. I ance of my duties, and I

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	Shelley Wheeler
MGR	5204 BIrch Avenue
	Sarasota, FL 34233
	Sarasota, 1 L 37233
ective date is listed, the date must of filing.)	be specific and cannot be more than five business days prior to or 9
EV: Effective date, if other than the ctive date is listed, the date must of filing.)	be specific and cannot be more than five business days prior to or 9 a not meet the applicable statutory filing requirements, this date will no
EV: Effective date, if other than the dective date is listed, the date must of filing.) The date inserted in this block doe	be specific and cannot be more than five business days prior to or 9 a not meet the applicable statutory filing requirements, this date will no
EV: Effective date, if other than the ective date is listed, the date must of filing.) The date inserted in this block doe ment's effective date on the Depart. EVI: Other provisions, if any. REQUIRED SIGNATURE:	be specific and cannot be more than five business days prior to or 9 a not meet the applicable statutory filing requirements, this date will not ment of State's records. If a member or an authorized representative of a member.
EV: Effective date, if other than the ective date is listed, the date must of filing.) The date inserted in this block doe ment's effective date on the Departies. EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of This document is I am aware that ar	be specific and cannot be more than five business days prior to or 9 is not meet the applicable statutory filing requirements, this date will not ment of State's records.
EV: Effective date, if other than the ective date is listed, the date must of filing.) The date inserted in this block doe ment's effective date on the Depart. EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of This document is I am aware that ar	f a member or an authorized representative of a member. executed in accordance with section 605.0203 (1) (b), Florida Statutes y false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S.