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Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only

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COVER LETTER

то:	Registration Section Division of Corporations		
SUBJEC	Diaz Family Home Services LLC		
SOBJEC		Limited Liabili	ty Company
The encl	losed Articles of Organization and fee(s) are submitted	for filing.
Please re	eturn all correspondence concerning this	s matter to the f	ollowing:
	Isis Diaz		
		Name of	Person
	Diaz Family Home Services LLC		
		Firm/Co	npany
	16379 Water Way		
		Addre	SS
	Delray Beach, Florida 33484		
	isisd72@gmail.com	City/State and	Zip Code
	E-mail address: (to be us	sed for future ar	nual report notification)
For further	r information concerning this matter, ple	ease call:	
	Raul Carlos Loureiro	561	7895625
	Name of Person	Area Code	Daytime Telephone Number
Enclosed	is a check for the following amount:		
\$125.00	Filing Fee \$\frac{130.00}{2}\$ Filing Fee \$\frac{1}{2}\$ Certificate of Status	Certifie	Filing Fee & S160.00 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) [(2	Street Address New Filing Section Division of Corporations Clifton Building 661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Fice Address: Beach, FL 33484 egistered Office, &		ed Liability Company is: Mailing Address: 6379 Water Way Delray Beach, FL gent's Signature: t. You must designate an individual	
Reach, FL 33484 egistered Office, & ot serve as its own R		Mailing Address: 6379 Water Way Delray Beach, FL	
egistered Office, &	Registered Ag	gent's Signature:	
ot serve as its own R	legistered Agent	gent's Signature:	
ss of the registered a		t. I ou must gesignate an murviduar	or
	Name		
379 Water Way			
	P.O. Box NOT	acceptable)	
ray Beach	FL	33484	
City	State	Zip	
	379 Water Way orida street address (tray Beach City and to accept service	Name Not	Name 879 Water Way orida street address (P.O. Box NOT acceptable) bray Beach FL 33484

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

Title:		Name and Address:
"AMBR" = Auth		
"MGR" = Manag	er	T ' D'
MGR		Isis Diaz
		16379 Water Way
		Delray Beach, FL 33484
AMBR		Iyat Diaz
		15125 Michelangelo Blvd. APT 108
		Delray Beach, FL 33446
AMBR		Raul Loureiro
		16379 Water Way
		Delray Beach, FL 33484
AMBR		Elsa Garcia
		16379 Water Way
		Delray Beach, FL 33484
E V: Effective da extive date is liste filing.) the date inserted	ate, if other than the date ed, the date must be spe	of filing: July 21 2016 (OPTIONAL) cific and cannot be more than five business days prior to or 90 teet the applicable statutory filing requirements, this date will not
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ARTICLE IV-