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COVER LETTER

	egistration Section ivision of Corporations	
SUBJECT	Diverse Flight Solutions LLC	
SUBJECT	Name of Li	mited Liability Company
The enclos	ed Articles of Organization and fee(s) an	re submitted for filing.
Please retu	rn all correspondence concerning this m	atter to the following:
	Michael Puckett	·
٠		Name of Person
	Diverse Flight Solutions LLC	•
		Firm/Company
	1321 Foggy Ridge Pkwy	
		Address
	Lutz, FL 33559	
	Cmpuckett7070@gmail.com	City/State and Zip Code
•	E-mail address: (to be used	for future annual report notification)
For further in	nformation concerning this matter, pleas	e call:
	Michael Puckett 8 at (13 951-8733
		rea Code Daytime Telephone Number
Enclosed is	a check for the following amount:	
\$125.00 Fi	ling Fee \$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 enclose
	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

Diverse Flight S				
(Must	end with the words "Limited	d Liability Company,	"L.L.C.," or "LLC.")	
ARTICLE II - Address:				
The mailing address and str	eet address of the principal of	office of the Limited I	iability Company is:	
<u>Pri</u>	incipal Office Address:		Mailing Add	ress:
1321 Foggy Rid	lge Pkwy	1321	Foggy Ridge Pkwy	
Lutz, FL 33559			FL 33559	
The Limited Liability Com mother business entity with	d Agent, Registered Office, apany cannot serve as its own than active Florida registration	n Registered Agent. Y on.)		dividual or
(The Limited Liability Com another business entity with	pany cannot serve as its own	n Registered Agent. Y on.)		SEC
(The Limited Liability Com another business entity with	pany cannot serve as its own han active Florida registration treet address of the registered	n Registered Agent. Y on.)		SECOLE TALL AH
(The Limited Liability Com another business entity with	pany cannot serve as its own han active Florida registration treet address of the registered Michael Puckett	n Registered Agent. Yon.) d agent are:		16 JUL 28
(The Limited Liability Com another business entity with	apany cannot serve as its own han active Florida registration treet address of the registered Michael Puckett 1321 Foggy Ridge P	n Registered Agent. Yon.) d agent are:	ou must designate an in	16 JUL 28 SEGGE PART TALL AHASSE
(The Limited Liability Com another business entity with	apany cannot serve as its own han active Florida registration treet address of the registered Michael Puckett 1321 Foggy Ridge P	n Registered Agent. Yon.) d agent are: Name	ou must designate an in	SECOLE TALL AH

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR	Michael Puckett
	1321 Foggy Ridge Pkwy
	Lutz, FL 33559
	· · · · · · · · · · · · · · · · · · ·
	,
	
(Use attachment if necessary)	1
TICLE V: Effective date, if other than the an effective date is listed, the date must date of filing.) te: If the date inserted in this block does	be specific and cannot be more than five business days prior to or 90 days after not meet the applicable statutory filing requirements, this date will not be listed
TICLE V: Effective date, if other than the an effective date is listed, the date must date of filing.)	be specific and cannot be more than five business days prior to or 90 days after not meet the applicable statutory filing requirements, this date will not be listed
TICLE V: Effective date, if other than the an effective date is listed, the date must date of filing.) te: If the date inserted in this block does document's effective date on the Department.	be specific and cannot be more than five business days prior to or 90 days aft not meet the applicable statutory filing requirements, this date will not be listed
TICLE V: Effective date, if other than the an effective date is listed, the date must date of filing.) te: If the date inserted in this block does document's effective date on the Departs TICLE VI: Other provisions, if any. REQUIRED SIGNATURE Signature of This document is early any aware that any	be specific and cannot be more than five business days prior to or 90 days aft not meet the applicable statutory filing requirements, this date will not be listed
FICLE V: Effective date, if other than the in effective date is listed, the date must date of filing.) te: If the date inserted in this block does document's effective date on the Departs FICLE VI: Other provisions, if any. REQUIRED SIGNATURE Signature of This document is early aware that any	a member or an authorized representative of a member executed in accordance with section 605.0203 (1) (b), Florids Statutes false information submitted in a document to the Department of State legree felony as provided for in s.817.155, F.S.

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)

ARTICLE IV-