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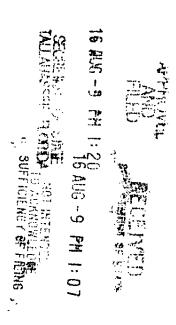
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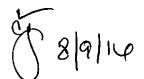




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08/09/16--01013--013 **125.00





COVER LETTER

16 月近 - 9 門 1:20 TO: **Registration Section Division of Corporations** ited Liability Company The enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: limothy Dean)iverse Marketing E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Tim Dean at (727) 266-9327

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 & \$160.00 Filing Fee,

Mailing Address

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

Street Address

Certified Copy

(additional copy is enclosed)

New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Certificate of Status &

(additional copy is enclosed)

Certified Copy



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liabilit	y Company is:			16 AUG -3	쌤 1:20
(Must end	Diverse Ma	crketing Company, "L.T.	LLC C.," or "LLC.")	SECRETARY TALL AREAS	MAN P TO
ARTICLE II - Address: The mailing address and street ad	ldress of the principal office of the	Limited Liabil	ity Company is:		
Princip	ıl Office Address:		Mailing Address:		
220 N D. Tallchassee, FL	ucl St., Suite C, . 32301	220 Suite 30301	Not Duval S C. Tallahassee	; <u>FL</u>	
(The Limited Liability Company another business entity with an a	nt, Registered Office, & Registered cannot serve as its own Registered ctive Florida registration.)	d Agent. You m		lual or	
	Timothy Dea	n			
	J Name				
	1220 Stadsen Florida street address (P.O. Bo		ble)		
	Tollchassee FL		32301		
	City Stat	e	Zip		
Having been named as registered of place designated in this certificate, further agree to comply with the pram familiar with and accept the ob	l hereby accept the appointment a	s registered age he proper and c	nt and agree to act in thi complete performance of	is capacity. I my duties, and I	

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2



"AMBR" = Autl		Name and Address:
	horized Member	ST Sh Barr
"MGR" = Mana	ger	SECHBON TALLAHENSES
		Tinothy Dean
MGR		And the state of t
		1220 S Godsen St, Tellehesser, FL 3270
 		
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