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## FLORIDA LIMITED LIABILITY CO. DIARITADY LLC

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE! - Name:

The name of the Limited Liability Company is:

DIARITADY 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: Malling Address: 1100 SW 129 Torr BAME Pembrake Pines, FI 93027

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 Planida registration.)

The name and the Florida street address of the registered agent are:

GLADYS A. PENA Name 1100 8W 128 Terr Florida street address (P.O. Box NOT acceptable) Pembroke Pines, PL 83027 City

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. Thereby 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.

(CONTINUED)

Page 1 of 2

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**AMBR* — Anthorized Member **MOR* — Manager  AMBR  Gladys A. Pane  1100 SW 120 Tar  Pembose Pines, FL 33027  MGR  Are R. Loper  2000 8W 82 St 921'2  Temenc. Pt 32319  MGR  Diens C. Loper  1100 SW 122 St  Pembroka Pines, FL 33027  (Use attachment if necessary)  LE V: Effective date, if other than the date of filling:  LE V: Effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 du of filling.)  If the date inserted in this block does not meet the applicable statutory filling requirements, this date will not be meen's effective date on the Department of State's records.  LE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a Bember or an authorized representative of a member.  This document is executed in accordance with section 603,0203 (1) (t), florida Statutors are not state as third degree felowy as provided for in a 817.155, P.S.  Gladys A Pene  Typed or printed name of signee  Filing Ress:  \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent  \$ 3,000 Certificate of Status (Options)  \$ 5,000 Certificate of Status (Options)	Title:	Name and Address:
AMBR  Gistys A. Pare  1100 SW 128 Tar  Pembrone Pines, PL 30027  Are R. Lopez  2000 SW 82 St 921'2  Temerac. Pl 32319  MGR  Diena C Lopez  1100 SW 128 8t  Pembrote Pines, Fl 33027  (Use estachment if necessary)  EV: Effective date, if other than the date of filling:  (Use estachment if necessary)  EV: Effective date, if other than the date of filling:  (OPTIONAL)  fettive date is listed, the date inner be specified and compass be more than five business days prior to or 90 dt of filling)  fith date inserted in this block does not meet the applicable statutory filling requirements, this date will not be mean's effective date on the Department of State's records.  EVI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member or an addressed representative of a member.  This document is executed in accordance with section 605 07033 (1) (b), Florida Statutes.  I am aware that any flass information amenited in a document to the Department of State constitutes a third degree felomy as provided for in e.817.155, F.S.  Gladys A Pene  Typed or printed name of signes  Filing Eess:  \$ 30.00 Certified Copy (Options)		at a second and a second a second and a second a second and a second a second and a
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