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(Requestor's Name)	
(Address)	000297359250
(Address)	
(City/State/Zip/Phone #)	
(Business Entity Name)	03/31/1701027013 **125.0
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	THAR 31 PH
	PH 2: 35

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COVER LETTER * '	
TO: Some New Filing Section Division of Corporations	
SUBJECT: DIVEY 51 FLOD Drove Proportions U.C. 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:	
STEVEN E WIEGHER	
Name of Person	
DIVERSIFIED Drone Productions (LC	
1334 Monte LAKE Dr	
Address	
VALRICO FL 33576	
SW1719 © ROLCOM	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Name of Person Area Code Daytime Telephone Number	

Mailing Address

Enclosed is a check for the following amount:

\$125.00 Filing Fee

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

\$130.00 Filing Fee &

Certificate of Status

Street Address

\$155.00 Filing Fee &

(additional copy is enclosed)

Certified Copy

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

\$160.00 Filing Fee,

Certified Copy

Certificate of Status &

(additional copy is enclosed)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

TIMESITION DICKE LIEDUCTIONS OF
(Must contain 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: Mailing Address:
1334 Monte LAG Dr VALRICO FC 33596 SAMP
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 Florida registration.) The name and the Florida street address of the registered agent are:
STEVEN E WIEGHA
Name
1334 Monte Lala Dr
Florida street address (P.O. Box NOT acceptable)
VALRICO FL 33596
City State Zip
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, I hereby 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
Registered Agent's Signature (REQUIRED)
(CONTINUED)

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ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: "AMBR" = Authorized Member "MGR" = Manager (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: . (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. **ARTICLE VI:** Other provisions, if any. REQUIRED SIGNATURE: Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Typed or printed name of signee

Filing Fees:

\$125.00 Eiling Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

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