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(Re	questor's Name)	· · · · · · · · · · · · · · · · · · ·
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PICK-UP	WAIT	MAIL
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Certified Copies	, _ Certificates	of Status
Special Instructions to Filing Officer:		

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DEPARTMENT OF SLOTE

D O'KEEFE MAY 12 2017

COVER LETTER

TO:

New Filing Section

Division of Corporations
SUBJECT: DIETZMAU DONERIGHT 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:
TimoTHY L. DIETZMAN Name of Person
DIETZMAN DONERIEHT Firm/Company
146 ARROW TRACE RA Address
HAVANA FLORIDA 32333 City/State and Zip Code Timmy Diefzman i Commit E-mail address: (to be used for future annual report notification) For further information concerning this matter please call:
For further information concerning this matter, please call:
7 m DIETZMAN at (850) 509-2653 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S125.00 Filing Fee \$\ \text{Certificate of Status} \text{S155.00 Filing Fee & Certified Copy (additional copy is enclosed)} \$
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	

(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:

Mailing Address: **Principal Office Address:**

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:

TIMOTHY DIETZMON

Florida street address (P.O. Box NOT acceptable)

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 stappes 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)

The name and address of each person author	orized to manage and control the Limited Liability Company:
Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
MANAGER	Timothy L Dietzman
	HAUANA FLORIDA 32333
Munher	Oustin o Whitatier 3401 Vallex Creek OR Tallahassee FL 32312
·	
•	
(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 speci the date of filing.)	fic and cannot be more than five business days prior to or 90 days after
Note: If the date inserted in this block does not me	et 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.	
	A
REQUIRED SIGNATURE.	//·_/
-/m/	10/m
This document is executed	ther of an authorized representative of a member. I in accordance with section 605.0203 (1) (b), Florida Statutes.
I am aware that any false in	nformation submitted in a document to the Department of State

Filing Fees:

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

constitutes a third degree felony as provided for in s.817.155, F.S.

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)

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SECRETARY OF STATE