

L17000191417

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

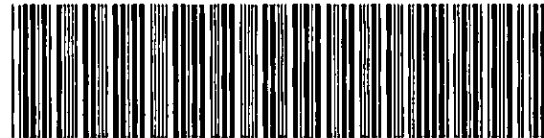
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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09/07/17--01014--001 **120.00

FILED
17 SEP -7 AM 11:48
FALL MASSACHUSETTS

09/14/17

AFFIDAVIT OF ACCEPTANCE OF DUPLICATIVE NAME

I, the undersigned, Laila A. Sabry, do hereby state:

1. I am the President of Diversified I Inc., an active Florida Corporation.
2. Concurrent with the submission of this affidavit, I am also seeking to register a new legal entity with the Florida Department of State with the name "Diversified i LLC".
3. It is my intention to eventually dissolve Diversified I Inc., but have been advised that it will take some time to wind down the corporate matters and I foresee that both entities may be concurrently active.
4. I have been advised by the Florida Department of State, New Filings Division, that due to the similarity of the two names, I must submit an affidavit granting permission to allow the use of the new LLC name to be registered.
5. Therefore, in my capacity as President of Diversified I, Inc., I hereby grant approval of the use of the name "Diversified i LLC", and acknowledge the risks associated with allowing the formation of Diversified i LLC.

Under penalties of perjury, I declare that I have read this Affidavit and the facts stated in it are true.

Executed this 17 day of August, 2017.

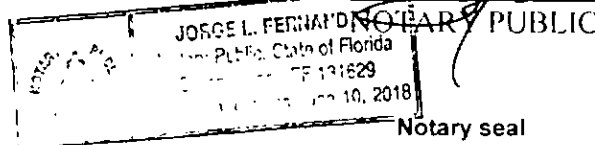
Signature: Laila Sabry

Laila A. Sabry,
President Diversified I Inc.

STATE OF FLORIDA
COUNTY OF LAKE

Before me the undersigned officer, personally appeared Laila A. Sabry, who is personally known to me or who has produced her valid FL DL as identification, to be the person whose name is subscribed within the instrument and acknowledged that she executed the same for the purposes therein contained.

Sworn, subscribed and acknowledged before me on this 17 day of August 2017.



LAW OFFICES OF WILLIAM W. SYDNOR

Member Florida State Bar

*696 Remington Oak Drive
Lake Mary, Florida 32746
(407) 620-6774*

September 5, 2017

New Filing Section
Division of Corporations
PO Box 6327
Tallahassee FL 32314

Re: *Diversified i LLC*

Dear Sirs:

Enclosed please find the Articles of Organization (and one true copy) and our client's check no# 3813 in the amount of \$130.00 for the filing fee for the above referenced Limited Liability Company.

Additionally, enclosed is an Affidavit of Acceptance of Duplicative Name which your office has requested. If all is in order, please forward to our attention the Certificate of Status as soon as possible. Thank you for your attention to this matter and please do not hesitate to contact us should you need anything further.

Sincerely,



William W. Sydnor, Esq.

Enc.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Diversified i LLC

(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:

30910 Westridge Terrace

same

Sorrento FL 32776

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:

Laila A. Sabry

Name

30910 Westridge Terrace

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

Sorrento

FL

32776

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.

Laila Sabry

Registered Agent's Signature (REQUIRED)

(CONTINUED)

17 SEP -7 AM 11:48
STATE
TALLAHASSEE, FLORIDA

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

Laila A. Sabry

30910 Westridge Terrace

(Use attachment if necessary)

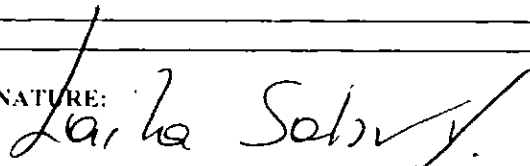
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.

Laila A. Sabry

Typed or printed name of signee

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)

17 SEP -7 AM 11:49
CLERK OF THE COURT
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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Diversified i LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

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Principal Office Address:

Mailing Address:

30910 Westridge Terrace

same

Sorrento FL 32776

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:

Laila A. Sabry

Name

30910 Westridge Terrace

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

Sorrento

FL

32776

City

State

Zip

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Laila Sabry

Registered Agent's Signature (REQUIRED)

(CONTINUED)

17 SEP - 7 AM 11:48
STATE
FALL WALKER FLORIDA

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

Laila A. Sabry

30910 Westridge Terrace

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

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ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Laila Sabry

Signature of a member or an authorized representative of a member.

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA