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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

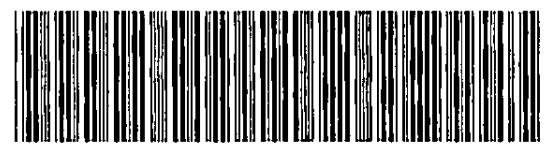
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: Mision Divina LLC
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:

Dennis A Ortiz
Name of Person
Mision Divina
Firm/Company
10885 NW 50th Street Apt.#111
Address
Doral, Florida 33178
City/State and Zip Code
misiondivina95@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dennis Ortiz 305 510-8905
Name of Person at () 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 & Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

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

To whom it may concern:

I, DENNIS ORTIZ hereby declare that I am the president and manager of the filed name Mision Divina INC. This name has been submitted for dissolution, and I'm requesting to use this same name for my new filing of a limited liability company, "Mision Divina LLC." I will no longer be using or have started using Mision Divina INC, therefore I ask you to please allow me to keep my entity name that I have been using for more than 22 years. To confirm you can visit www.misiondivina95.org .

Thank You for your support in this important matter.



Dennis Ortiz, Founder

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Mision Divina 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:

10885 NW 50th St. Apt.# 111

10885 NW 50th St. Apt.# 111

Doral, FL 33178

Doral, FL 33178

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:

Dennis A Ortiz

Name

10885 NW 50th St. Apt.# 111

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

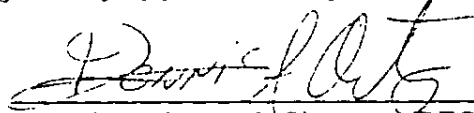
Doral

FL 33178

City

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)

17 SEP 26 AM 8:17
STATE OF FLORIDA
HALL COUNTY REGISTER OF PUBLIC

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:

Dennis A Ortiz
10885 NW 50th St. Apt.# 111
Doral, FL 33178

"AMBR"

Lennie Mena
8706 NW 38th Drive
Coral Springs, FL 33068

"AMBR"

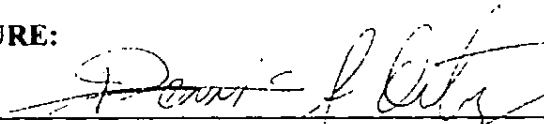
Lionel Disla
7661 NW 107th Avenue Apt.# 211
Doral, FL 33178

(Use attachment if necessary)

17 SEP 26 AM 8:17
STATE OF FLORIDA
DEPARTMENT OF STATE

ARTICLE V: 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.

Dennis A Ortiz

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)