

L17000227916

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

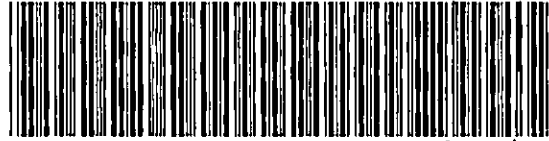
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

N. SAMS

NOV 03 2017



900304240989

10/18/17--01001--002 \*\*150.00

FILED  
FALLABASSER, LORAN

17 NOV -3 PM 4:33



17 NOV -3 PM 1:38

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

REGISTRATION SERVICES  
REFORMATION SERVICES

October 18, 2017

SEBASTIAN RAFAEL DIAZ  
PO BOX 521473  
MIAMI, FL 33152-1473

SUBJECT: DIVISIONAL VOID, LLC  
Ref. Number: W17000083111

We have received your document for DIVISIONAL VOID, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date is not acceptable since it is not within five working days of the date of receipt.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Nadira D McClees-Sams  
Regulatory Specialist II

Letter Number: 417A00021039

17 NOV -3 PM 4:33  
MAIL ROOM

17 NOV -3 PM 4:33

17 NOV -3 PM 4:33

**COVER LETTER**

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

**SUBJECT:** DIVISIONAL VOID, 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:

SEBASTIAN RAFAEL DIAZ

Name of Person

Firm/Company

PO BOX 521473

Address

MIAMI, FL 33152-1473

City/State and Zip Code

DIVISIONALVOID@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SEBASTIAN DIAZ

305

613-4948

at ( )

Name of Person

Area Code

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

DIVISIONAL VOID, 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:

DIVISIONAL VOID, LLC.

6401 SW 114TH CT

MIAMI, FL 33173

Mailing Address:

DIVISIONAL VOID, LLC.

P.O. BOX 521473

MIAMI, FL 33152-1473

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:

SEBASTIAN RAFAEL DIAZ

Name

6401 SW 114TH CT

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

MIAMI

FL

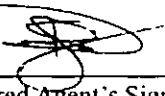
33173

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)

17 NOV -3 PM 4:33

CLERK OF CIRCUIT COURT  
MIAMI, FLORIDA

FILED

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

**Name and Address:**

SEBASTIAN RAFAEL DIAZ

6401 SW 114TH CT

MIAMI, FL 33173

AMBR

CHARLES SYLVESTER WALDRON

7425 NW 85TH ST. APT #102

TAMARAC, FL 33321

FILED  
17 NOV -3 PM 4:33  
CLERK OF COURT  
DADE COUNTY  
FLORIDA

(Use attachment if necessary)

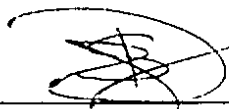
**ARTICLE V:** Effective date, if other than the date of filing: 11/1/2017. (OPTIONAL)

(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.

SEBASTIAN RAFAEL DIAZ

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)