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(F	Requestor's Name)	1
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(C	City/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificate	s of Status
Special Instructions to	o Filing Officer:	
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TO: New Filing Section Division of Corporations		
SUBJECT: Dietaer Fabrication's  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:	84	THE WHAT . WE
Marshall Dienger	, _	
Name of Person		
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Qulhcy Fl 32.35 Z  City/State and Zip Code		
City/State and Zip Code	•	
E-mail address: (to be used for future annual report notification)	<b>.</b>	:
For further information concerning this matter, please call:		
Marshall Dieigel at (8508) 254-53k1  Name of Person Area Code Daytime Telephone Number		
Name of Person Area Code Daytime Telephone Number	\\$	tis Nexa walk
Enclosed is a check for the following amount:	٠.	,
\$125.00 Filing Fee \$\frac{130.00 Filing Fee & Certificate of Status}{\text{Certified Copy (additional copy is enclosed)}} \$\frac{160.00 Filing Fee, Certified Copy (additional copy is enclosed)}{\text{Certified Copy (additional copy is enclosed)}} \$\frac{160.00 Filing Fee, Certified Copy (additional copy is enclosed)}{\text{Certified Copy (additional copy is enclosed)}} \$\frac{160.00 Filing Fee, Certified Copy (additional copy is enclosed)}{\text{Certified Copy (additional copy is enclosed)}} \$\frac{160.00 Filing Fee, Certified Copy (additional copy is enclosed)}{\text{Certified Copy (additional copy is enclosed)}} \$\frac{160.00 Filing Fee, Certified Copy (additional copy is enclosed)}{\text{Certified Copy (additional copy is enclosed)}} \$\frac{160.00 Filing Fee, Certified Copy (additional copy is enclosed)}{\text{Certified Copy (additional copy is enclosed)}} \$\frac{160.00 Filing Fee, Certified Copy (additional copy is enclosed)}{\text{Certified Copy (additional copy is enclosed)}} \$\frac{160.00 Filing Fee}{\text{Certified Copy (additional copy is enclosed)}} \$160.00 Filing F		
Mailing Address Street Address	,	·

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

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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the L	imited Liability Company i	s:			
	Bate May 6	120	Dienyer	Fabrication's	OLC
	(Must contain the words	"Limited Li	ability Company, "	L.L.C" or "LLC.") .	

ARTICLE II - Address:

ARTICLE I - Name:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal C	Office Address:
212 Chaff	Chason Cha
212 Chaff QLINCY FI	34-352

212 Chaff Chasen 1 Whey F1 32352 MAR 30 PH 12: 06

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:

marshau Dienger Name

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

riorida street address (P.O. Box <u>NOT</u> acceptal

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..

(CONTINUED)

Registered Agent's Signature (REQUIRE)

•	Title:	Name	and Address:				
	"AMBR" = Authorized Member "MGR" = Manager			· .	13		their white is in
	WOR - Manager	Ma	Main Dienge	,6	·		
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•	(Use attachment if necessary)	• • •					
ARTIC	LEV: Effective date, if other than the	date of filing		OPTIONA	 (I.)		
(If an ei	ffective date is listed, the date must I					fter	
	e of filing.) If the date inserted in this block does	not meet the applica	hle statutory filing red	uirements this date	will not he liste	ed ac	·
the doc	cument's effective date on the Departi	nent of State's recor	ds.	·	with flot be flate		
_	LE VI: Other provisions, if any.			•	. ১৯৮		states in a
<del>-</del>				· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		
							•
	REQUIRED SIGNATURE:	•		•	•		_

ARTICLE IV-

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 of 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)