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(Requestor's Name)	<u></u> .			
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT	MAIL			
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Statu	s			
Special Instructions to Filing Officer:				

Office Use Only



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300321054283 11/19/18--01003--017 **125.00

COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: Diversity transportation 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:
Raheme Curtis Fields Name of Person
634 South 11th Street
Address
Quincy Fl. 32351
Quincy, Fl. 32351 City/State and Zip Code Fields Raheme (a) gmail. Com E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
at () Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$\sum{\$125.00 Filing Fee}\$ Certificate of Status \$\$155.00 Filing Fee & S160.00 Filing Fee. Certificate of Status & 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:					
Diversity (Must conta	Transporta	HON iability Compan	LLC y, "L.L.C.," or "LL.C	<u> </u>		
ARTICLE II - Address: The mailing address and street ad	dress of the principal of	ice of the Limit	ed Liability Compan	y is:		
634 South	10ffice Address: 11th Street 32351	<u>t</u>	Mailin (034 Sout Ruincy, F	e Address: h 11 th 5 1, 32351	tree t	
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an ar-	cannot serve as its own F ctive Florida registration	Registered Agen	gent's Signature: t. You must designat	e an individual or	7. C.	AON PIUS
	Kaheme h	Name			E IAR	01 MG
	Florida street address	th 11th	Stree + [acceptable)		EE, FL	PH 2: 36
	Quincy	Fl	32351 Zip		Hong.	ω en
Having been named as registered a place designated in this certificate, further agree to comply with the pro	I hereby accept the appo	intment as regi <mark>s</mark>	tered agent and agree	e to act in this capa	city. I	_

Suheme tields

Registered Agent's Signature (REQUIRED)

(CONTINUED)

am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

Title: "AMBR" = Authorized Member "MGR" = Manager	Raheme Fields/634 South 11th Street anincy, F1 32351
(If an effective date is listed, the date must be specifi- the date of filing.)	iling: November 19,2018, (OPTIONAL) c and cannot be more than five business days prior to or 90 days after the applicable statutory filing requirements, this date will not be listed as tate's records.
This document is executed in I am aware that any false info constitutes a third degree fel-	Fields er or an authorized representative of a member. n accordance with section 605.0203 (1) (b). Florida Statutes. formation submitted in a document to the Department of State ony as provided for in s.817.155, F.S. me felcs
<u>Kahen</u>	yped or printed name of signee

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

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

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)