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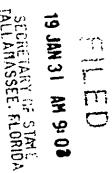
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## COVER LETTER

	ew Filing Section ivision of Corporations
SUBJECT	: Diana J. LUSK Real Estate Broker, LL
	Name of Limited Liability Company
22	The state of the s
	ed Articles of Organization and fee(s) are submitted for filing.
Please retur	rn all correspondence concerning this matter to the following:
	Diana Lusk
	Name of Person
	Diana J Lusk Real Estate Broker, LLC
	Firm/Company
	4604 Crystal Beach Road Address
	Address
	Winter Haven, FL 33880 City/State and Zip Code
	City/State and Zip Code
-	Di ana Lusk realtar a yahoo. Com  E-mail address: (to be used for future annual report notification)
For further in	nformation concerning this matter, please call:
	Diana Lusk at 863, 258-4633
•	Name of Person Area Code Daytime Telephone Number
Enclosed is	s a check for the following amount:
<b>7\$12</b> 5.00 Fi	S130.00 Filing Fee & S155.00 Filing Fee & Certificate of Status  Certificate of Status  (additional copy is enclosed)  S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Street Address
	New Filing Section New Filing Section  Division of Corporations Division of Corporations
	P.O. Box 6327 Clifton Building
	Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:						
The name of the Limited Liability Cor	•					
Diana	J	Lusk	Real	Estate	. Broker,	LLC
(Must contain th	e words "Limit	ed Liability Co	ompany, "L.L.	C.," or "LLC.")	<del></del>	
ARTICLE II - Address: The mailing address and street address	s of the principa	al office of the	Limited Liabi	lity Company is:		
Principal Of	fice Address:			Mailing Add	ress:	
41004	Crysta 2 Have	al Beach	Rd	SAM	ve.	
WINTER	2 HAVE	n FL				
		<u>33</u> 880	<u></u>			
ARTICLE III - Registered Agent, R (The Limited Liability Company cann another business entity with an active	of serve as its o	wn Registered			dividual or	
The name and the Florida street addre					TAI	19
·	ſ	)iana	丁山	Os and Oil	- C.	<b>S</b>
<del></del>		Name		· · · · · · · · · · · · · · · · · · ·	まで	سدر کا
	460	4 Cr	y Stal	Beach Ro able) - 3388 Zip	SSE	- 1
FI	orida street add	iress (P.O. Bo	NOT accepta	ible)	ŭ.¢	± -
_	WINTER	2 HAVE	N FL	- 3388	ELORIO	A 9: 03
	City	State	;	Zip	RIG	
Having been named as registered agent place designated in this certificate. I her further agree to comply with the provision am familiar with and accept the obligation	eby accept the o	appointment as es relating to th ion as registere	registered age ne proper and c	ent and agree to act complete performan vided for in Chapte I	oility company at the in this capacity. I see of my duties, and	2

(CONTINUED)

Title: "AMBR" Authorized Member	Name and Address:
"MGR" = Manager A MBR	Diana Lusk
71	4604 CMSTAL Black Rd
	WINTER HAVEN FL 33850
	SEL ALLI
	PZ
	<u> </u>
	SAC MAC
	me s
	<u>0</u> =; <u>"</u>
(Use attachment if necessary)	× × × × × × × × × × × × × × × × × × ×
CLE V: Effective date, if other than the date	e of filing: (OPTIONAL)
CLE V: Effective date, if other than the date effective date is listed, the date must be sp te of filing.)	e of filing:
CLE V: Effective date, if other than the date effective date is listed, the date must be sp te of filing.)  If the date inserted in this block does not recument's effective date on the Department	e of filing:
CLE V: Effective date, if other than the date effective date is listed, the date must be spite of filing.)  If the date inserted in this block does not recument's effective date on the Department CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:	e of filing:

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)