

L21000412494

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

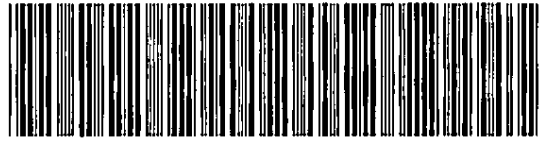
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W21060116471

Office Use Only



300371623903

08/23/21--01005--001 **78.75

09/16/21--01001--018 **51.25

FILED
2021 SEP 16 AM 4:03
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: DI Designs, 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:

Deborah Isaacson Hunter
Name of Person
DI Designs, LLC
Firm/Company
19610 Sawgrass Circle #2701
Address
Boca Raton, Florida 33434
City/State and Zip Code
didesigns@ren.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Deborah Hunter 917 710-5559
Name of Person at (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 enclosed)

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

Street Address
New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

SEP 16 2023
TALLAHASSEE, FL
RECEIVED
2023 SEP 16 AM 11:02

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

DI Designs, 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:

19610 Sawgrass Circle #2701
Boca Raton, Florida 33434

19610 Sawgrass Circle #2701
Boca Raton, Florida 33434

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:

Deborah Isaacson Hunter
Name

19610 Sawgrass Circle #2701
Florida street address (P.O. Box **NOT** acceptable)

Boca Raton Florida 33434
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 Signature (REQUIRED)

(CONTINUED)

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2021 SEP 16 AM 4:02
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TALLAHASSEE, FL

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

AMBR _____

Deborah Isaacson Hunter
19610 Sawgrass Circle #2701
Boca Raton, Florida 33434

MGR _____

Rachel Hunter
19610 Sawgrass Circle #2701
Boca Raton, Florida 33434

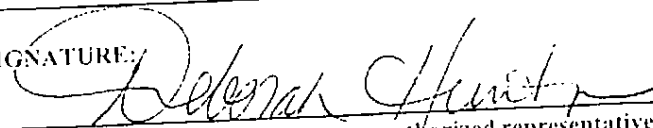
(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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.

Deborah Isaacson Hunter

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)

SECRETARY OF STATE
TALLAHASSEE, FL

2021 SEP 16 AM 4:02

FILED

DI Designs

August 7th, 2021

New Filing Section
Division of Corporations
PO Box 6327
Tallahassee, Florida 32314
Att: Karen Lovelace

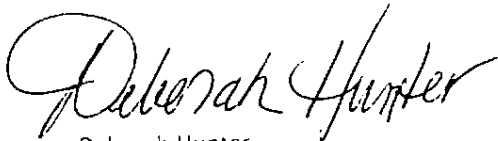
Ref # W21000116471
Letter #821A00020354

Dear Karen Lovelace,

I received your letter regarding the initial application.
I am so sorry we filled out the wrong application. The intention was to fill out a "Limited Liability Company" application.
Enclosed please find the new application for the LLC, and please transfer the fees I originally submitted. I am including the additional \$51.25 application fee totaling \$130.00.

Please review and let me know if you have any additional questions.

Best Regards,



Deborah Hunter
917-710-5559

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TALLAHASSEE, FL