

L98000002544

FROM THE DESK OF:

DIANNE K. WHEAT

DATE: OCTOBER 28, 1998

TO: DIVISION OF CORPORATIONS

FROM: DIANNE K. WHEAT (DI-BO Services, L.L.C.)
7379 159TH CT. N.
PALM BEACH GARDENS, FL 33418
OFFICE # (561) 575-9717
FAX # (561) 746-8205

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****285.00 ****285.00

ENCLOSED PLEASE FIND :

1. ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY.
2. CERTIFICATE OF DESIGNATION OF REGISTERED AGENT.
3. CHECK TO FLORIDA DEPARTMENT OF STATE FOR \$ 285.00

FILED
98 NOV -2 AM 10:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE PROCESS AS SOON AS POSSIBLE AND CALL IF YOU HAVE ANY FURTHER QUESTIONS.

Name	11/4/98
Availability	dee
Document Examiner	dee
Updater	dee
Updater Verifier	?
Acknowledgement	dee
W. P. Verifier	dee

THANK YOU

Dianne K. Wheat
DIANNE K. WHEAT

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

DI-BO Services, L.L.C

ARTICLE II - Address:

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

**7379 159th Court North
Palm Beach Gardens, FL 33418**

ARTICLE III - Duration:

The period of duration for the Limited Liability Company shall be:

30 years

ARTICLE IV - Management:

(Check the appropriate box and complete the statement)

☐ The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

☒ The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:

**Robert A. Wheat and Dianne K. Wheat
7379 159th Court North
Palm Beach Gardens, FL 33418**

ARTICLE V - Admission of Additional Members:

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be:

NONE

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TALLAHASSEE, FLORIDA

ARTICLE VI - Members Rights to Continue Business:

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be:

ARTICLE VII - Affidavit of Membership and Contributions

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TALLAHASSEE, FLORIDA

The undersigned member or authorized representative of a member of _____
DI-BO Services, L.L.C. certifies:

- 1) the above named limited liability company has at least one member; \$ 1,000.00 ;
2) the total amount of cash contributed by the member(s) is \$ _____ ;
3) if any, the agreed value of property other than cash contributed by member(s) is \$ 0 ;
(A description of the property is attached and made a part hereto.); and
4) the total amount of cash and property contributed and anticipated to be contributed by member(s) is \$ 1,000.00 .

Dianne K. Wheat
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Dianne K. Wheat

Typed or printed name of signee

Filing Fee: \$250.00 for Articles and Affidavit

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: _____

DI-BO Services, L.L.C.

2. The name and the Florida street address of the registered agent are:

DIANNE K. WHEAT

NAME

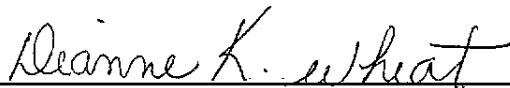
7379 159th Court North

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

Palm Beach Gardens, FL 33418

CITY, STATE AND 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.



SIGNATURE

Filing Fee: \$ 35 for Designation of Registered Agent

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

98 NOV -2 AM 10:30

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