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Office Use Only



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SECRETARY OF STATE

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August 7, 2014

MARK DOLAN 8086 QUEEN PALM LN #317 FT MYERS, FL 33966

SUBJECT: DIAMOND APPRAISAL CO. LLC

Ref. Number: W14000048296

We have received your document for DIAMOND APPRAISAL CO. LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

The document must be signed by a chairman, vice chairman, director, officer, or an incorporator, if directors or officers have not been selected.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 014A00016937

COVER LETTER

| TO: Registration Section Division of Corporations | |
|---|--|
| SUBJECT: Diamond Ap | praisal Co. LLC |
| (Name | of Resulting Florida Limited Company) |
| | cles of Organization, and fees are submitted to convert an "Other iability Company" in accordance with s. 605.1045, F.S. |
| Please return all correspondence concerning | g this matter to: |
| Mark Dolan | |
| (Contact Person) | |
| Diamond Appr (Firm/Company) | raisal |
| | |
| 8086 Queen Palm Ln | #3I7 |
| (Address) | ,• |
| Fort Myers, FL 339 (City, State and Zip Code) | عاماد |
| | |
| mdolan 59 eyahoo. | |
| E-mail Address: (to be used for future annual re | port notifications) |
| For further information concerning this ma | atter, please call: |
| Mark Dolan | _at (407) 405 - 2120 (Area Code) (Daytime Telephone Number) |
| (Name of Contact Person) | (Area Code) (Daytime Telephone Number) |
| Enclosed is a check for the following amou | int: |
| \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) \$\$155.00 Filing Fees and Certificate of Status | □\$180.00 Filing Fees and Certified Copy □\$185.00 Filing Fees, Certified Copy, and Certificate of Status |
| STREET ADDRESS: | MAILING ADDRESS: |
| Registration Section | Registration Section |
| Division of Corporations | Division of Corporations |
| Clifton Building 2661 Executive Center Circle | P. O. Box 6327 |
| Tallahassee, FL 32301 | Tallahassee, FL 32314 |

Articles of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company

The Articles of Conversion <u>and attached Articles of Organization</u> are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.605.1045, Florida Statutes.

| 1. The name of the "Other Business Entity" immediately prior to the filing of the Articles Diamond Appraisal Co. LLC. | s of Conversion is: |
|---|--------------------------|
| (Enter Name of Other Business Entity) | |
| 2. The "Other Business Entity" is a LLC (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.) | |
| First organized, formed or incorporated under the laws of Michigan on 1-1-2002 (date of organization, formation or incorporation) (Enter state, or if a non-U.S. entity, the non-U.S. entity) | ame of the country) |
| 3. The name of the Florida Limited Liability Company as set forth in the attached Articl Diamond Appraisal Co. LLC (Enter Name of Florida Limited Liability Company) | es of Organization |
| 4. If not effective on the date of filing, enter the effective date: (The effective date: 1) cannot be prior to date of receipt or filed date nor more than date this document is filed by the Florida Department of State; AND 2) must be the s date listed in the attached Articles of Organization, if an effective date is listed therei | same as the effectiv |
| 5. The plan of conversion has been approved in accordance with ss. 605.1041-605.1046. Page 1 of 2 | 14 OC SEORE TALLAH |
| | T-3 PM I: |

| Signed this day of | 20 | |
|---|--|-------------------------|
| Signature of Authorized Representative of Limi | ted Liability Company: | |
| Signature of Authorized Representative: Mark Dolan | dol_ Title: <u>President</u> | - |
| Signature(s) on behalf of Other Business Entity: [| See below for required signature(s).] | |
| Signature: Mark Dolan | | _ |
| Printed Name: Mark Dolan | _ Title: | - |
| Signature: Printed Name: | | - |
| Printed Name: | Title: | |
| Signature:Printed Name: | Tido | - |
| | | |
| Signature: Printed Name: | Title [,] | - |
| · | | |
| Signature:Printed Name: | Title: | - |
| Signature: | | |
| Signature: Printed Name: | Title: | · - |
| If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Corporation | Officer. | |
| If Directors or Officers have not been selected, an Inc | | |
| If Florida General Partnership or Limited Liabilit Signature of one General Partner. | y Partnership: | |
| If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners. | y Limited Partnership: | 14 OC SECRE |
| All others: Signature of an authorized person. | | CT -3 |
| Fees: | | |
| Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status: | \$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional) | I: OI BRAIE BRIDA |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE 1 - Name: The name of the Limited Liability Company is: |
|--|
| Diamond Appraisal Co. LLC. (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.") |
| (Must end with 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: |
| 8086 Queen Palm Ln. #317 8086 Queen Palm Ln. #31 Fort myers, FL 33966 Fort myers, FL 33966 |
| 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: |
| Mark Dolan Name |
| 8086 Queen Palm Ln. # 317 |
| Florida street address (P.O. Box NOT acceptable) |
| |
| Fort Myers FL 33966 |
| Having been named as registered agent and to accept service of process for the above stated limited liability company 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's Signature (REQUIRED) |
| \mathbb{Z}_{S} |
| (CONTINUED) |
| (CONTINUED) Page 1 of 2 Page 1 of 2 Page 2 of 2 |

| Title: | Name and Address: |
|--|---|
| "AMBR" = Authorized Member "MGR" = Manager | M to N to |
| president | Mark Dolan 8086 Queen Palm Ln. #3 |
| | Fort myers, FL 33966 |
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| EV: Effective date, if other than the excrive date is listed, the date must be of filing.) | date of filing: (OPTIONAL) |
| E V: Effective date, if other than the octive date is listed, the date must be filling.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a | date of filing: (OPTIONAL) e specific and cannot be more than five business days prior to or 90 d When the specific and cannot be more than five business days prior to or 90 d member or an authorized representative of a member. |
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| E V: Effective date, if other than the octive date is listed, the date must be f filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a (In accordance with section constitutes an affirmation u I am aware that any false in constitutes a third degree f | member or an authorized representative of a member. in 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are triefficient as provided for in s.817.155, F.S.) |
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