

W02000034324

00787-00608-00623-00671

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

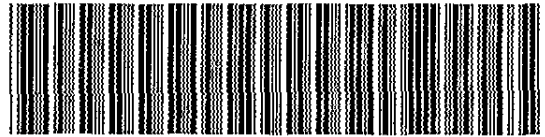
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

12/16 FLIC

W02-35103

Office Use Only



900009484079

MJ:

12/16/02--01002--018 \*\*70.00

12/16/02--01002--019 \*\*55.00

STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

RECEIVED  
02 DEC 16 AM 11:05

STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED  
02 DEC 16 PM 2:48

CORP DIRECT AGENTS, INC. (formerly CCRS)  
103 N. MERIDIAN STREET, LOWER LEVEL  
TALLAHASSEE, FL 32301  
222-1173

FILING COVER SHEET  
ACCT. #FCA-14

CONTACT: Pam  
DATE: 12-16-02  
REF. #: 0907  
CORP. NAME: Diamond Material, LLC

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION   | <input type="checkbox"/> ARTICLES OF AMENDMENT  | <input type="checkbox"/> ARTICLES OF DISSOLUTION      |
| <input type="checkbox"/> ANNUAL REPORT               | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME              |
| <input type="checkbox"/> FOREIGN QUALIFICATION       | <input type="checkbox"/> LIMITED PARTNERSHIP    | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT               | <input type="checkbox"/> MERGER                 | <input type="checkbox"/> WITHDRAWAL                   |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | <input type="checkbox"/> UCC-1                  | <input type="checkbox"/> UCC-3                        |
| <input type="checkbox"/> OTHER: _____                |   |   |

STATE FEES PREPAID WITH CHECK# 1059 FOR \$ 70.00  
503916 55.00  
AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

\_\_\_\_\_ COST LIMIT: \$ \_\_\_\_\_

PLEASE RETURN:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> CERTIFIED COPY        | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input checked="" type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS |   |  |

Examiner's Initials



FLORIDA DEPARTMENT OF STATE

Jim Smith  
Secretary of State

December 17, 2002

CORDIRECT AGENTS, INC.

SUBJECT: DIAMOND MATERIAL, LLC  
Ref. Number: W02000035103

PLEASE GIVE ORIGINAL SUBMISSION  
DATE AS FILE DATE.  
12-17-02

*Just*  
We have received your document for DIAMOND MATERIAL, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes. *ok*

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member. *ok*

Please return 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) 245-6967.

Michelle Hodges  
Document Specialist

Letter Number: 302A00066431

RECEIVED  
02 DEC 19 PM 3:55  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

PLEASE GIVE ORIGINAL SUBMISSION  
DATE AS FILE DATE.  
12-17-02

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I- NAME

The name of the Limited Liability Company is: Diamond Material, LLC

## ARTICLE II- ADDRESS

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

14832 Drafthorse Lane  
Wellington, FL 33414

## ARTICLE III- DURATION

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

Perpetual

## ARTICLE IV- MANAGEMENT

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 are to serve as manager(s) are:

Victor Wills  
14832 Drafthorse Lane  
Wellington, FL 33414

The limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing members(s) are: Victor Wills; 14832 Drafthorse Lane

Wellington, FL 33414

## ARTICLE V- ADMISSION OF ADDITIONAL MEMBERS

The right, if given, of the members to admit additional members and the terms and conditions of the admission shall be: without limitations.

The existing members shall have the right to admit additional members to the company upon such terms and conditions as the existing and additional members shall agree at their sole discretion. Any member who is subsequently admitted as a member of the company shall have all the rights and obligations under the "Limited Liability Company Agreement".

## 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:

FILED  
02 DEC 16 PM 2:48  
STATE  
TALLAHASSEE FLORIDA

In the event of the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of an event which terminates the continued membership of a member in the company, the remaining members of the company shall have members, based on their relative contributions as set forth in the Limited Liability Company Agreement.

*Victor Wills*

---

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.

*VICTOR WILLS*

---

Typed or printed name of signee

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

Victor Wills

Name

14832 Draffhorse Lane

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

Wellington, FL 33414

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 as provided for in Chapter 608, F.S.*

Victor Wills

Registered Agent's Signature