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	(Requestor's Name)	
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	(Address)	
	(City/State/Zip/Phone	e #)
Pick-	UP WAIT	MAIL
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TRANSMITTAL LETTER

Division of Corporations	
SUBJECT: Diamond Consulting Services 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:	
Annie Jean Adkins, Esquire	
(Name of Person)	
Annie Jean Adkins Esquire LLC	
(Firm/Company)	
1375 Gateway Blvd.	
(Address)	
Boynton Beach, Florida (City/State and Zip Code)	
For further information concerning this matter, please call:	
Annie Adkins at (561) 543-0316	
(Name of Person) (Area Code & Daytime Telephone Number)	,-
Enclosed is a check for the following amount:	
S125.00 Filing Fee	Status &
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	F 3 00

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Compa	any is:
Diamond consulting Services 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:
Diamond Consulting Services LLC	Diamond Consulting Services LLC
Jamaica Bay 6004 D og uiri Bay	Jamaica Bay 6004 Daiquiri Bay
Boynton Beach, Florida 33436	Boynton Beach, Florida 33436
The name and the Florida street address of	istered Office, & Registered Agent's Signature: of the registered agent are:
Jacqueline Chierepko	Name
Jamaica Bay, 6004 Da	<u> </u>
	treet address (P.O. Box NOT acceptable)
Boynton Beach, Flroida	
City	, State, and Zip
liability company at the place designaregistered agent and agree to act in this contact statutes relating to the proper and compaccept the obligations of my position of accept the collisions of my position of accept the obligations of my position of acceptance of the obligations of my positions of my positions of acceptance of the obligations of my positions of my po	and to accept service of process for the above stated limited ted in this certificate, I hereby accept the appointment as capacity. I further agree to comply with the provisions of all the performance of my duties, and I am familiar with and as registered agent as provided for in Evaluer 608, F.S., Agent's Signature

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR M	Jacqueline Chierepko Jamaica Bay 6004 Daiquiri Bay Boynton Beach, Florida 33436
(Use attachment if necessary)	
NOTE: An additional article must be	e added if an effective date is requested.
REQUIRED SIGNATURE:	
Signature of a member of	or an authorized representative of a member.
(In accordance with section	on 608.408(3), Florida Statutes, the execution tes an affirmation under the penalties of perjury
	d or printed name of signee
Filing Fees:	LORE TO
\$125.00 Filing Fee for Articles of Organis of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)	zation and Designation