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PICK-UP	☐ WAIT	MAIL
(Br	usiness Entity Name	<i>></i>)
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(Do	ocument Number)	
Certified Copies	_ Certificates o	of Status
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TRANSMITTAL LETTER

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
Blue Diamond Home Solutions 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:		
470 Diana Blud Merritt Isl. Fr. 32953 Merritt Isl. Fr. 32953		
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:		
The name and the Florida street address of the registered agent are:		
Denise A. Scott Name 470 Diana BVO. Florida street address (P.O. Box NOT acceptable) Florida Street address (P.O. Box NOT acceptable)		
Florida street address (P.O. Box NOT acceptable)		
Merrit ISL FL 32953 FF B T		
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 stateties relating to the proper and complete performance of my duties, and I am familiar with and		

statutes relating to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

Registered Agent's Signature

(CONTINUED)

The name and address of each Manager	• • • • • • • • • • • • • • • • • • • •
Title: "MGR" = Manager "MGRM" = Managing Member Denise Scott MG-R	Name and Address: 470 Diona Blud. MKrnH 1SL. FL. 32953
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(Use attachment if necessary)	2005 FEB SECRET ALLAHA
NOTE: An additional article must be REQUIRED SIGNATURE:	SS 23
	an authorized representative of a member.

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

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)