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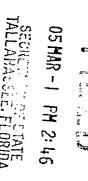
(Re	equestor's Name)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	·
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TRANSMITTAL LETTER

TO: Registration Second Division of Cor				
SUBJECT: DIAMONI	OS ARE A WORLDS BEST	FRIEND, LLC		
	(Name of Limited	d Liability Company)		
The enclosed Articles of	Organization and fee(s) are su	ubmitted for filing.		
Please return all correspondence	ondence concerning this matte	r to the following:		
J. BARKI				
	(1)	Name of Person)		
BUSINESS BUILDE	RS OF AMERICA			
		Fîrm/Company)	· _	
251 S. TAM	IAMI TRAIL			
		(Address)		
VENIO	CE, FLORIDA 34285			
	(City/	State and Zip Code)		
For further information of	concerning this matter, please of	call:	, T	_
J W BARKER		at (941) 584-6004	SECR)5 3
(Name	of Person)	(Area Code & Daytime Te	lephone Number)	
Enclosed is a check fo	r the following amount:		DI S	2 11
☐ \$125.00 Filing Fee	□ \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Tec Certificate of Statis & Certified Copy (additional copy is enclose	e,?: 5

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 Compar	ny is:		
The hame of the Emmed Elasmy Company	,		
DIAMONDS ARE A WORLDS BEST FRIEND	, LLC		
ARTICLE II - Address:			
	the principal office of the Limited Liability Company is:		
Principal Office Address:	Mailing Address:		
2674 PIEDMONT DRIVE	RUSS SPEER C/0 MAIL BOXES WEST PME		
MERCED, CA 95340	23 W. ALEXANDER AVENUE		
	MERCED, CA 95340		
	Y DALLEN ASSOCIATES, LLC Name		
232 ST. AUGUSTINE A	VENEUE E 105		
Florida street address (P.O. Box NOT acceptable)			
VENICE, FLORIDA 34285 FI.			
City, State, and Zip			
liability company at the place designate registered agent and agrec to act in this constatutes relating to the proper and complete accept the obligations of my position at	and to accept service of process for the above stated limited and in this certificate, I hereby accept the appointment as appacity. I further agree to comply with the provisions of all lete performance of my duties, and I am familiar with and as registered agent as provided for in Chapter 308, F.S		
Registered A	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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Russell E. Speers
	2674 Piedmont Drive
	Merced, CA 95340
(Use attachment if necessary)	
NOTE: An additional article must be	added if an effective date is requested.
REQUIRED SIGNATURE:	
Almi	Back
Signature of a member of	r an authorized representative of a member.
(In accordance with section of this document constitute that the facts stated here	n 608.408(3), Florida Statutes, the execution es an affirmation under the penalties of perjury in are true.)
John W. Barker, Repre	sentative of Mgrm
Typed	or printed name of signee
Eiling Fass	
Filing Fees:	S
\$125.00 Filing Fee for Articles of Organiza	ation and Designation
of Registered Agent	TO THE TAIL
\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)	
- The section of the section (opinions)	