

**L05000076553****FILED**

Florida Department of State  
Division of Corporations  
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TALLAHASSEE, FLORIDA

## Electronic Filing Cover Sheet

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To: \*

Division of Corporations  
Fax Number : (850)205-0383

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.  
Account Number : 075350000353  
Phone : (212)431-5000  
Fax Number : (212)431-1441

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DIVISION OF CORPORATION

**LIMITED LIABILITY COMPANY****RUBY JULY LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

**AL**

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SEC. OF STATE  
TAMPA, FLORIDA

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

RUBY JULY LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**6204 CENTRAL AVE.  
TAMPA, FL 33604**Mailing Address:**

SAME AS PRINCIPAL OFFICE ADDRESS

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

MARION RITA GRAY

Name

6204 CENTRAL AVE.

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

TAMPA FL 33604

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..*

  
Registered Agent's Signature**BlumbergExcelior**

62 WHITE ST.

NY NY 10013

800 221-2972

(CONTINUED)

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FILED**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows: 2005 AUG -3 A 11: 07

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**SEC. OF STATE  
TALLAHASSEE, FLORIDA

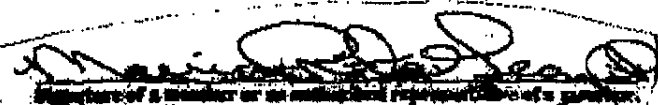
MGRM

DIAMOND PERIDOT FLORIDA FAMILY LP

446 GRACE ST.

GREENWOOD, SC 29649

(Use attachment if necessary)

**NOTE:** An additional article must be added if an effective date is requested.**REQUIRED SIGNATURE:**  
Signature of a Member or 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.)

DIAMOND PERIDOT FLORIDA FAMILY LP, MEMBER

MARION RITA GRAY, GP

**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)

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