

L05000120634

(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:

Name  
Availability

Document  
Examination

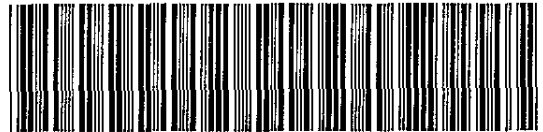
Office Use Only  
DCC

Update DCC

Verification DCC

Acknowledgement DCC

W. P. Verifier DCC



600062306136

12/23/05--01039--023 \*\*25.00

FILED  
2005 DEC 23 P 3:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Black Diamond Excel, LLC

(Name of Limited Liability Company)

Dear Sir or Madam:

The enclosed Articles of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

April L. Johnson

(Name of Person)

LeBoeuf, Lamb, Greene & MacRae LLP

(Firm/Company)

50 N. Laura St., Suite 2800

(Address)

Jacksonville, Florida 32202

(City/State and Zip Code)

For further information concerning this matter, please call:

April L. Johnson

(Name of Person)

at ( 904 ) 630-5356  
(Area Code & Daytime Telephone Number)

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2005 DEC 23 P 3:16

FILED

Enclosed is a check for the following amount:

- ☒ \$25 Filing Fee      ☐ \$30 Filing Fee & Certificate of Status      ☐ \$55 Filing Fee & Certified Copy      ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

CR2E062 (08/05)

**ARTICLES OF CORRECTION  
FOR  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 608.4115, F.S., this document is being submitted **within the required 30 business days** to correct the **attached** articles of organization or application to transact business in Florida.

**FIRST:**      The name of the limited liability company is:  
Black Diamond Excel, LLC

**SECOND:**      The articles of organization or the application to transact business

**(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)**

- ☒ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:  
Under Article V there is an incorrect statement. The third managing member is listed as  
Thomas E. Gibbs. Please remove Thomas E. Gibbs as the third managing member and  
replace with the following: Golden Rule Investments, LLC  
The address remains the same.

**OR**

- ☐ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

Dated: December 20, 2005



Signature of a member or authorized representative of a member

Thomas E. Gibbs

Typed or printed name of signee

Filing Fee: \$25.00  
Certified Copy: \$30.00 (optional)

**FILED**  
2005 DEC 23 P 3:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Electronic Articles of Organization  
For  
Florida Limited Liability Company**

L05000120634  
FILED 8:00 AM  
December 19, 2005  
Sec. Of State  
mhodges

**Article I**

The name of the Limited Liability Company is:  
BLACK DIAMOND EXCEL, LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:  
50 N. LAURA STREET  
SUITE 2800  
JACKSONVILLE, FL. 32202

The mailing address of the Limited Liability Company is:  
50 N. LAURA STREET  
SUITE 2800  
JACKSONVILLE, FL. 32202

**Article III**

The purpose for which this Limited Liability Company is organized is:  
ANY AND ALL LAWFUL BUSINESS.

**Article IV**

The name and Florida street address of the registered agent is:  
THOMAS E GIBBS  
50 N. LAURA STREET  
SUITE 2800  
JACKSONVILLE, FL. 32202

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.

Registered Agent Signature: THOMAS E. GIBBS

### **Article V**

The name and address of managing members/managers are:

Title: MGRM  
ROBERT ROTHMAN  
ONE TAMPA CITY CENTER, SUITE 2880  
TAMPA, FL. 33602 US

Title: MGRM  
KIM P BUCHANAN  
ONE TAMPA CITY CENTER, SUITE 2880  
TAMPA, FL. 33602 US

Title: MGRM  
THOMAS E GIBBS  
50 N. LAURA STREET, SUITE 2800  
JACKSONVILLE, FL. 32202

Title: MGR  
THOMAS E GIBBS  
50 N. LAURA STREET, SUITE 2800  
JACKSONVILLE, FL. 32202

### **Article VI**

The effective date for this Limited Liability Company shall be:

12/19/2005

Signature of member or an authorized representative of a member

Signature: THOMAS E. GIBBS

L05000120634  
FILED 8:00 AM  
December 19, 2005  
Sec. Of State  
mhodges