L06000104297

(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:					





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10/26/06--01022--027 **160.00



TO ACKNOWLEDGE TO ACKNOWLEDGE TO ACKNOWLEDGE DETANTED OF STATE
DIVISION OF CORPORATIONS

PROS OCT 28 PM 1: 20

COVER LETTER

	istration S ision of Co	ection orporations		·
SUBJECT:	D	namond In The (Name of Lim	ne Rough Entert Lited Liability Company)	ainment, LLC
The enclosed	l Articles o	f Organization and fee(s) ar	e submitted for filing.	
Please return	all corresp	oondence concerning this ma	atter to the following:	
		Michael A. Sh	Name of Person)	WIMBUSH
			(Name of Person)	
4	Dia	mond In The R	ough Entertainm	ient, LLC
		•_ •	(Firm/Company)	
·	476	8 Woodville Hw	y. #514	
	Talla	hassee, Fh. 3	2305	
		(C	Sity/State and Zip Code)	
For further in	ıformation	concerning this matter, plea	se call:	
		•		•
Mich	ac S	nine	at (313) 995 (Area Code & Daytim	-1792
	(Name	of Person)	(Area Code & Daytim	e Lelepnone Number)
Enclosed is	a check for	or the following amount:		
ρ \$125.00 Fi	iling Fee	ρ \$130.00 Filing Fee & Certificate of Status	ρ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status &

Mailing Address
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is	Olzulolo
DIAMOND, THE ROUGH ENTERT (Must end with the words "Limited Liability Company, "Limited Liability Company,"	AINMENT, LLC ted Company" or their abbreviation "LLC," or "LC.,")
ARTICLE II - Address: The mailing address and street address of the particle.	rincipal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
# 2308 SYLVAN CT. TALLAHASSEE, FL 32303	4768 Woodville Hwy. #514. Tallahassee, FL. 32305
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.) The name and the Florida street address of the interest and interest address of the interest address.	stered Agent. You must designate an individual or another
JULIAN WIMBUS	s/
2308 SYLVANG. Florida street ad	dress (P.O. Box <u>NOT</u> acceptable)
TAUAHASSEE City, State,	FL 32303 and Zip
liability company at the place designated in registered agent and agree to act in this capacall statutes relating to the proper and complete	accept service of process for the above stated limited this certificate, I hereby accept the appointment as city. I further agree to comply with the provisions of the performance of my duties, and I am familiar with agistered agent as provided for in Chapter 608, F.S

(CONTINUED)

The name and ad	dress of each Manager of	or Managing Member is as follows:
Title: "MGR" = Manag "MGRM" = Man	•	Name and Address:
Marm	_ 2308	SYLVAN CT TALLAHASSEE FL 32303
MGRM	_	Michael Shine 4768 Woodville Hwy.#514 Tallahassee, FL 32305
	_	
·		
(Use attachment	• •	te of filing: 10/26/06 . (OPTIONAL
n effective date is l r to or 90 days after		specific and cannot be more than five business
REQUIRED SIG	GNATURE:	
	Signature of a member or	an authorized representative of a member.
	(In accordance with section	608.408(3), Florida Statutes, the execution as an affirmation under the penalties of perjury
	Michael Typed	or printed name of signee
Filing Fees:	·	

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

\$125.00 Filing Fee for Articles of Organization and Designation

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)