90t

LOwowaaa357

| (Re | questor's Name) | |
|-------------------------|------------------|-------------|
| (Ad | dress) | |
| (Ad | dress) | |
| (Cit | y/State/Zip/Phon | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Na | me) |
| (Do | cument Number) | |
| Certified Copies | _ Certificate | s of Status |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | \ | 0/5 |

Office Use Only

127006



300082633343

12/26/06--01045--018 **155.00

06 DEC 26 PM 2: 44
SECRETARY OF STATE

COVER LETTER

| Division of Co | | , | 3 | | | |
|---------------------------|---------------------------------------------------------------------------------------------------|-----------------------------------------------------|----------------------------------------------------------------------------|----------------------------------------------------------------------|------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SUBJECT: Diamone | d Cut Limousine Servic | e, LLC | | | | |
| SUBSECT: | (Name of Limite | d Liability Compa | my) | | | |
| The enclosed Articles o | f Organization and fee(s) are s | ubmitted for filing | 7 . | | | |
| Please return all corresp | ondence concerning this matte | er to the following | , | | | |
| Diamond Yor | k | | | | | |
| , | (| Name of Person) | | | - | |
| Diamond Cut | Limousine Service, LL | .C | | | | |
| | , (| (Firm/Company) | | | -1 - - .11. | |
| 56 Riley Roa | d | | | | | |
| | | (Address) | 11 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | | |
| Celebration, | Florida 34747 | | | | | |
| | (City | State and Zip Code |) | · · · · · · · · · · · · · · · · · · · | PAR G | - · ·- |
| For further information | concerning this matter, please | call: | | | UEC Z6 CRETAR) LAHASSI | LANGE OF THE PARTY |
| Diamond York | | at (321 | 4029000 | | mg 3 | 111 |
| (Name | of Person) | (Area Code | & Daytime To | elephone Number | ETATE QRIDA | |
| Enclosed is a check for | or the following amount: | | | | | |
| \$125.00 Filing Fee | S130.00 Filing Fee & Certificate of Status | \$155.00 Fi Certified Copy (additional copy i | 7 | \$160.00 Certificate of Certified Contact (additional contact) | of Status & opy | |
| | Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Registration Division Clifton B | ourier Address on Section of Corporation uilding cutive Center | ns | | |

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:

| | imited Company" or their abbreviation "LLC | ," or "L.C.,") |
|----------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|
| ARTICLE II - Address: | and a second of the second of | : 1 : 12 to C |
| The mailing address and street address of th | e principal office of the Limited L. | lability Company is: |
| Principal Office Address: | Mailing Address: | - |
| 56 Riley Road Celebration, Florida | 56 Riley Road Celebration | , Florida |
| ARTICLE III - Registered Agent, Registe | ered Office & Registered Agent' | · (1) |

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 (REQUIRED)

(CONTINUED) Page 1 of 2

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" = Mana | ager | Name and Address: | |
|-----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| "MGRM" = Ma | anaging Member | | |
| MGRM | | Diamond York | |
| specification in the second | politico de la companione de la compani | 56 Riley Road | |
| | | Celebration, Florida 34747 | - |
| MGRM | | Bill Paedae | |
| | . | 56 Riley Road | |
| | | Celebration, Florida 34747 | _ |
| | | | <u> </u> |
| | | | • |
| | | | |
| | · · · · · · · · · · · · · · · · · · · | · · · · · · · · · · · · · · · · · · · | <u> </u> |
| | | | _ |
| | e date, if other than the | date of filing: December 20, 2006 (OPTION OF THE CONTROL OF THE CO | |
| 90 days after the o | date of filing.) | o openio una cumot de more mun ny e dusmess | uujs prior |
| <u>REQUIRED</u> S | IGNATURE: | TAS SA | 06 |
| | | LACE | |
| | -40 | HE | DEC |
| | Signature of a membe | r or an authorized representative of a member. | 8 |
| | (In accordance with sec | ction 608.408(3), Florida Statutes, the execution | PIN |
| | of this document consti that the facts stated h | itutes an affirmation under the penalties of perjury ($\Box \circ$ | |
| | DESCRIPTION OF THE PROPERTY OF | | |
| | Diamond York | | 2: 0 |

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)