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SECRETARY OF STATES ON SECRETARY OF CORPORATIONS OF CORPORATIO

T. HAMPTON

FEB 1 9 2008

EXAMINER

COVER LETTER

| TO: Registration Section Division of Corporations |
|--|
| SUBJECT: Diamond View Studios LLC. |
| (Name of Limited Liability Company) |
| The enclosed Articles of Organization and fee(s) are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| Timothy Kenneth Moore (Name of Person) |
| Diamond View Studios (Firm/Company) |
| 22722 Killington blud. |
| Land O Lakes, FL 34639 |
| (City/State and Zip Code) For further information concerning this matter, please call: |
| Tim Moore at (813) 787-9339 (Name of Person) (Area Code & Daytime Telephone Number) |
| Enclosed is a check for the following amount: |
| \$125.00 Filing Fee \$\bigcup \\$130.00 Filing Fee \& Certificate of Status (additional copy is enclosed) \$160.00 Filing Fee, Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certified Copy (additional copy is enclosed) |
| Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301 |
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Company is: | | | |
|---|--|--|--|
| Diamond View Studios LLC. (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.") | | | |
| ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: | | | |
| Principal Office Address: Tim moore 22722 Killington blvd Land O Lakes, F1 34639 Land O Lakes, FL 34639 | | | |
| ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.) | | | |
| The name and the Florida street address of the registered agent are: Timothy Moore Name 22722 Killington blvd. Florida street address (P.O. Box NOT acceptable) Land O Lakes, Fl. 34639 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 (REQUIRED) 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" = Manager "MGRM" = Managing Member | Name and Address: |
|--|--|
| MGRM - President | Tim Moore 22722 killington blud Land O Lakes, FL 34639 |
| MGR - CFO | Moore, Mike 4:358 Whither Drhiv' Land O'Cakes, FC 34639 |
| | |
| | |
| (Use attachment if necessary) RTICLE V: Effective date, if other than the an effective date is listed, the date must lor 90 days after the date of filing.) | e date of filing: (OPTIONAL) be specific and cannot be more than five business days prio |
| REQUIRED SIGNATURE: | 1/60// |
| Signature of a memb | er or an authorized representative of a member. |
| (In accordance with so of this document constant that the facts stated | ection 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury herein are true.) |
| | y Kenneth Moore & SER SPERIOR OF PRINTED PRINT |
| Filing Fees: | 18 OF CO |

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)