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COVER LETTER

Division of Co			
SUBJECT:	Blach Oi Amo	nd capital.	LLC
•	(Name of Limited Liz	ability Company)	· · · · · · · · · · · · · · · · · · ·
The enclosed Articles o	f Organization and fee(s) are submi	itted for filing.	
Please return all corresp	ondence concerning this matter to	the following:	
	JRJ Chaney	of Person)	
	JRJ Chancy	or reison)	
	JR J Chance	Company)	
4	4250 NF 41. A	V	
	(A	(ddress)	
	-feld Beach, FL (City/State	33064	· · · · · · · · · · · · · · · · · · ·
	(City/State	e and Zip Code)	
For further information	concerning this matter, please call:	•	SECRETARY OF STATE FLORING STATE STA
JR	Chaniy at (954 , 732	-82/55 23
(Name	of Person)	(Area Code & Daytime Tele	phone Number)
Enclosed is a check for	or the following amount:		E Si
\$125.00 Filing Fee		155.00 Filing Fee &	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	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 C Tallahassee, FL 32301	



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 2, 2008

JRJ CHANCY 4250 N.E. 4TH AV DEERFIELD BEACH, FL 33064

SUBJECT: BLACK DIAMOND CAPITAL, LLC

Ref. Number: W08000026735

We have received your document for BLACK DIAMOND CAPITAL, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608 406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other fillings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable: Limited Company, L.C., and LC.

The document number of the name conflict is M02000000171.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline Regulatory Specialist II

Letter Number: 508A00034231-

REF NO WO 2000 26 735

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Black Di Amond Capital Group, 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 Ad	dress:	Mailing Address:		
peer f.cul	4th Au Brach, PL 33064	2637 E. Ather A.	IC BLUBAL FL 33012	. <i>49</i>
(The Limited Liability Combusiness entity with an act	pany cannot serve as its own Regist ive Florida registration.)	Office, & Registered Agent ered Agent. You must designate an ind	ividual or another	***************************************
The name and the Fr		E. 42 AV. Arcss (P.O. Box NOT acceptable)	JUN 23 AM 9: 30 REFARY OF STATE AHASSEE, FLORID	The same of the sa
	Oec Ateld City, State, a	FL 33064		

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 gent's Signature (RECUIRED

(CONTINUED) Page 1 of 2

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MER	Don's Joseph Chancy
MG-R	JA J Chancy, ILC 2637 E. Atlantic BLUDA Pomparo Berl, FL 33062
(Use attachment if necessary)	ALL ATECATE
LE V: Effective date, if other than the	date of filing:
fective date is listed, the date must be days after the date of filing.)	specific and cannot be more than five business da
REQUIRED SIGNATURE:	
1.1	
// //	
(In accordance with sect	tion 608-408(3), Florida Statutes, the execution an affirmation under the penalties of perjury erein are true.)

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)