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SECTETARY OF STATE PLORIDA

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M. THOMAS

JAN 2 7 2009

EXAMINER

COVER LETTER

Division of C			
SUBJECT: REG	ENT DIAMONDS		
	(Name of Limite	d Liability Company)	•
The enclosed Articles	of Organization and fee(s) are s	submitted for filing.	
Please return all corres	pondence concerning this matte	er to the following:	
BRENNA	WIGGINS		
 .	((Name of Person)	
REGENT	DIAMONDS		
		(Firm/Company)	0.9
P.O. BOX	(1831		09 JAN 26 F
		(Address)	5
WINTER	PARK, FLORIDA 3	2790	PH K
	(City	//State and Zip Code)	OH CONTRACTOR
			Dr.
For further information	concerning this matter, please	call:	
BRENNA WIG	GINS	at (407) 325-963	31
(Nam	e of Person)	(Area Code & Daytime Te	lephone Number)
Enclosed is a check f	or the following amount:		
\$125.00 Filing Fee	S130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$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 Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	s

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is	s:
REGENT DIAMONDS LLC	,
(Must end with the words "Limited Liab	bility 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:	Mailing Address:
633 CRUZ BAY CIRCLE WINTER SPRINGS, FL 32708	P.O. BOX 1831 WINTER PARK, FL. 32790
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Reg business entity with an active Florida registration.)	istered Agent. You must designate an individual of another
The name and the Florida street address of the	
RICHARD D. PAIN	
Nam	e STA
633 CRUZ BAY CI	RCLE 및
Florida street a	ddress (P.O. Box NOT acceptable)
WINTER SPRINGS	s, F _{IL} . 32708
City State	and Zin

Kinde William

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)

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

The name and address of each Manager or Managing Member is as follows:

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
WORM — Managing Member	
MGR	BRENNA WIGGINS
	P.O. BOX 1831
	WINTER PARK, FL. 32790
MGRM	RICHARD D. PAINTER
	633 CRUZ BAY CIRCLE
	WINTER SPRINGS, FL. 32708
(Use attachment if necessary)	
LE V: Effective date, if other than	the date of filing: (OPTIONAL)
fective date is listed, the date mus	t he energifie and connet he mare than five business He
days after the date of filing.)	SEC A
	· A. T.
BEOLUBED CLOWATURE	
REQUIRED SIGNATURE:	in the second
	70
F101	the specific and cannot be more than tive business da
Signature of a mer	nber or an authorized representative of a member.
(In accordance with	section 608.408(3), Florida Statutes, the execution
- C 4	onstitutes an affirmation under the penalties of perjury

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)

BRENNA WIGGINS
Typed or printed name of signee