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2009 APR -6 AM 8: 58
SECRETARY OF STATE
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C. LEWIS

APR 7 2009

EXAMINER

COVER LETTER

Division of Corporations				
SUBJECT: YELLOW DIAMOND LLC. (Name of Limited Liability Company)				
(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:				
PAULETTE & MICHAEL MILLER (Name of Person)				
YELLOW DIAMOND LLC (Firm/Company) 10770 VERSAILLES BLUD (Address)				
(Firm/Company)				
10770 VERSAILLES BLUD				
(Fiducial)				
WELLINGTON, FL 33449 (City/State and Zip Code)				
(City/State and Zip Code)				
For further information concerning this matter, please call:				
PAULETTE ÉMICHAEL MILLER 561) 422-7001 (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 \& \bigcup \\$155.00 Filing Fee \& \bigcup \\$160.00 Filing Fee, Certificate of Status \& Certified Copy (additional copy is enclosed)				
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of Corporations				

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 3, 2009

PAULETTE & MICHAEL MILLER YELLOW DIAMOND LLC 10770 VERSAILLES BLVD. WELLINGTON, FL 33449

SUBJECT: YELLOW DIAMOND, LLC

Ref. Number: W09000015657

We have received your document for YELLOW DIAMOND, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain a registered agent with a Florida street address and a <u>signed</u> statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

Please return the corrected original and one copy of 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) 245-6047.

Letter Number: 109A00011290

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

Division of Corporations - P.O. ROY 6397 - Tallahasson, Florida 39314

PGZ ATT LAROLYN LEWIS COVERLETTER

TO: Registration Section

Division of Corporations

SUBJECT: /E//OW)/AMON 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:				
MICHAEL AND PAULETTE MILER				
(Name of Person)				
YELLOW DIAMOND LLC				
(Firm/Company)				
10770 VarsAILES BLUD				
(Address)				
WELLINGTON FL 33449				
(City/State and Zip Code)				

For further information concerning this matter, please call:

MICHAGLOR PAULETTE MIKKAY (SU) 422 700/

(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

\$\Bigsquare{1}\$125.00 Filing Fee \Bigsquare{1}\$130.00 Filing Fee \& \Bigsquare{1}\$155.00 Filing Fee \& \Bigsquare{1}\$160.00 Filing Fee,

Certificate of Status \& Certified Copy

(additional copy is enclosed)

ALPLA SE

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

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TATE ORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY CONTRACTORY OF STANDARY
ARTICLE I - Name: The name of the Limited Liability Company is:
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")
(Must end with the words "Limited Liability Company, "L.C.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:
10770 UERSAILES BLUD 10770 VERSAILES BLUD NEILINGTON FL 33449
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: MICHAEL MILE R
Name ID 77D IKD SAUKS BLOD
Florida street address (P.O. Box NOT acceptable)
MICHAEL MIKE Name 10770 VERSAIKS BLUS Florida street address (P.O. Box NOT acceptable) WELLING TON FL 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)

(CONTINUED)
Page 1 of 2

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ARTICLE IV- Manager(s) or Manager The name and address of each Manager	2009 APR -6 AM 8: 58	
Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:	SECRETARY OF STATE TALLAHASSEE. FLORIDA
MICHAEL MILLER, MGR	10770 VERSAILL WELLINGTON, 7	ES BLUD
PAOLETTE MILLER, MGR	WELLINGTON,	5 BLUP 11 33449
·		
(Use attachment if necessary)		
ARTICLE V: Effective date, if other than the da (If an effective date is listed, the date must be s to or 90 days after the date of filing.)	Ç	(OPTIONAL) usiness days prior
REQUIRED SIGNATURE:	1 1 1	
mulae 2/2	lle	
Signature of a member of	or an authorized representative of a member.	
(In accordance with section of this document constitute that the facts stated here	on 608.408(3), Florida Statutes, the execution tes an affirmation under the penalties of perjury ein are true.)	
MICHAEL MI	d or printed name of signee	

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)