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DIVISION OF CORPORATION

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EXAMINER

COVER LETTER

TO:

Registration Section

	Division of Corporations
SUBJEC	Florida Diamond Solutions, LLC.
SOBOLA	Name of Limited Liability Company
The encl	osed Articles of Organization and fee(s) are submitted for filing.
Please re	turn all correspondence concerning this matter to the following:
	Tina Boyce
	Name of Person
_	Strategic Corporate Services Plus, Inc.
	Firm/Company
	1500 Avenue F Suite 3
_	Address
	51 NV 00004
_	Ely, NV. 89301 City/State and Zip Code
	tboyce@sfstaxes.com
	E-mail address: (to be used for future annual report notification)
For furth	er information concerning this matter, please call:
	Tina Boyce at (866) 310-7269
	Name of Person Area Code & Daytime Telephone Number
Enclose	I is a check for the following amount:
] \$125.0	Filing Fee \$\Bigsquare\$\$\$\\$130.00 \text{ Filing Fee & Certificate of Status}\$\$\$\$\$\$\$\$\$\$Certificate of Status & Certified Copy (additional copy is enclosed)\$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

Florida Department of State Division of Corporations PO Box 6327 Tallahassee, FL 32314

Florida Diamond Solutions, LLC

Enclosed is an original and one copy of the Articles with a check in the amount of \$155.00 for the Secretary of State which represents the filing fee for a Limited Liability Company.

Please return the enclosed additional copies to me with the filing date stamped on it.

FROM: Strategic Corporate Services Plus, Inc

1500 Avenue F Suite 3

Ely, Nevada 89301

866-310-7269

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Com	pany is:
Florida Diam	ond Solutions, LLC.
(Must end with the words "Lin	ited Liability Company," "L.L.C.," or "L.L.C.")
ARTICLE II - Address:	
The mailing address and street address	of the principal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
505 Hampton Avenue	505 Hampton Avenue
Tallahassee, FL. 32310	Tallahassee, FL 32310
(The Limited Liability Company cannot serve as its business entity with an active Florida registration.)	
The name and the Florida street address	
P	hyllis S. Fede
	Name
505 t	lampton Avenue
Florida street add	ress (P.O. Box <u>NOT</u> acceptable)
Tallahaaaa	
Tallahasse	9, _{FL} 323 <u>10</u>
	9, FL 32310 v, 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)

SECRETARY OF STATE OIVISION OF CORPORATIONS

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	Name and Address:
"MGRM" = Managing Memb	Der
MGRM	Phyllis S. Fede
	505 Hampton Avenue
	Tallahassee, FL 32310
,	
(Use attachment if necessary)	
FICLE V: Effective date if other	than the date of filing: (OPTIONAL)
in effective date is listed, the date	must be specific and cannot be more than five business days p
r 90 days after the date of filing.)	
REQUIRED SIGNATURE:	
REQUIRED SIGNATURE:	2 F
	a member or an authorized representative of a member.
Signature of	a njember or an authorized representative of a member.
Signature of a (In accordance of this docum	a member or an authorized representative of a member. e with section 608.408(3), Florida Statutes, the execution nent constitutes an affirmation under the penalties of perjury stated herein are true.)
Signature of a (In accordance of this docum	e with section 608.408(3), Florida Statutes, the execution nent constitutes an affirmation under the penalties of perjury stated herein are true.) Phyllis S. Fede
Signature of a (In accordance of this document that the facts of the f	e with section 608.408(3), Florida Statutes, the execution nent constitutes an affirmation under the penalties of perjury stated herein are true.)
Signature of a (In accordance of this docum	e with section 608.408(3), Florida Statutes, the execution nent constitutes an affirmation under the penalties of perjury stated herein are true.) Phyllis S. Fede

of Registered Agent

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)