

L11000059670

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entry Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

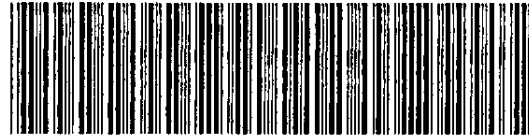
G. MCLEOD

MAY 20 2011

EXAMINER

Office Use Only

Decided to file
for FL company.



900207154639

05/05/11--01026--002 **125.00

FILED
11 MAY 19 AM 8:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CS

W11-25726

Central St Pete Store
MAC 20271-010
4100 4th Street North
St. Petersburg, FL 33703

Tel 727 521-5701
Fax 727 954-2149



Gina McLeod
P.O. Box 6327
Tallahassee, Fl. 32314

WACHOVIA
A Wells Fargo Company

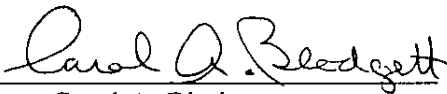
May 17th, 2011


RE: W11000025726
Letter # 811A00011471

Dear Gina,

This letter is to outline our phone conversation as of the date listed above. Recently there was a foreign LLC applied for under the business name, Diamond C Cyber Café, which was declined due to incorrect filing/supporting documentation. Per our conversation it was advised by you that we file again under a Florida LLC and that the \$125 filing fee for the letter # referenced above would be credited to the new business filing. Enclosed you will find the original letter which you told to include and that you would credit the new filing with this information. If there are any questions please feel free to contact me at 727-525-7971. Thank you in advance for all of your assistance.

Sincerely,

X 
Carol A. Blodgett

X 
Michael G. Padgett
Wachovia Bank, N.A.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: DIAMOND C CYBER CAFE, 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:

CAROL A BLODGETT

Name of Person

Firm/Company

5618 BAYOU GRANDE BLVD NE

Address

ST. PETERSBURG, FL. 33703

City/State and Zip Code

CARDINALINFLA@YAHOO.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CAROL A BLODGETT

Name of Person

at (727) 525-7971

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 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 Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

DIAMOND C CYBER CAFE, 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:

5618 BAYOU GRANDE BLVD NE
ST. PETERSBURG, FL. 33703

Mailing Address:

5618 BAYOU GRANDE BLVD NE
ST. PETERSBURG, FL. 33703

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:

CAROL A BLODGETT

Name

5618 BAYOU GRANDE BLVD NE

Florida street address (P.O. Box **NOT** acceptable)

St. Petersburg, Fl. 33703

FL

City, State, and Zip

FILED
11 MAY 19 AM 8:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

CAROL A BLODGETT

5618 BAYOU GRANDE BLVD NE

ST. PETERSBURG, FL. 33703

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 05/17/2011 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

CAROL A BLODGETT

Typed 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)