## 11000017896

(Requestor's Name)
(Address)
,
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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SEVAL ASSET FLORIDA

B. BOSTICK

JUL - 6 2011

**EXAMINER** 

## **COVER LETTER**

TO: Registration of	on Section Corporations	, i		
SUBJECT: Paz [	Diamante Mining L.L.C			
<u></u>		ited Liability Company		12
The enclosed Article	es of Organization and fee(s) are	e submitted for filing.		
Please return all con	respondence concerning this ma	atter to the following:		
Edward H	ardin			
		Name of Person		
<del>- , , , , ,</del>		Firm/Company		
3109 Gra	nd Ave # 251			
		Address		
Coconut G	rove, FL 33133			
	C	ity/State and Zip Code		
paz4@ma				
	E-mail address: (to be used	for future annual report notification)		
For further informati	ion concerning this matter, pleas	se call:		
Ed Hardin		at (305) 491-2433		
Na	me of Person	Area Code & Daytime To	elephone Number	
Enclosed is a check	k 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 enclo	&
	Mailing Address	Street/Courier Addres	<u>s</u>	

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

11 JUL -5 PH 4: 36

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

<b>ARTICLE I - Name:</b> The name of the Limited Liability Company	is:	
Paz Diamante Mining LLC.  (Must end with the words "Limited L	iability Company, "L.L.C.," or "Ll.C.")	<del></del>
ARTICLE II - Address: The mailing address and street address of the	e principal office of the Limited L	iability Company is:
Principal Office Address:	<b>Mailing Address:</b>	
3109 Grand Ave #251	3109 Grand Ave #251	
Coconut Grove, FL 33133	Coconut Grove, FL 33133	<del></del>
3109 Grand ave # 251	me	
	address (P.O. Box <u>NOT</u> acceptable)	
Coconut Grove	FL33133	
City	, State, and Zip	
Having been named as registered agent and liability company at the place designated registered agent and agree to act in this capa statutes relating to the proper and complete accept the obligations of my position as referenced to the registered Agent's Signature and Complete Regis	in this certificate, I hereby accept to active. I further agree to comply with a performance of my duties, and I are agistered agent as provided for in C	he appointment as h the provisions of all m familiar with and
	INUED)	LAHASSE
Page 1	of2	

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Filing Fees:  \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional)	Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:		
CLE V: Effective date, if other than the date of filing:	MGR	3109 Grand Ave #251		
CLE V: Effective date, if other than the date of filing:				
CLE V: Effective date, if other than the date of filing:				
CLE V: Effective date, if other than 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.)  Filing Fees:  Filing Fees:				
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.)  Eduard HARDIN  Typed or printed name of signee	`	e date of filing:	(OPTIO)	NAL)
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.)  Typed or printed name of signee	CLE V: Effective date, if other than the effective date is listed, the date must be days after the date of filing.)			
	CLE V: Effective date, if other than the effective date is listed, the date must be days after the date of filing.)  REQUIRED SIGNATURE:	be specific and cannot be more than fi	ve business d	
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\$ 5.00 Certificate of Status (Optional) == ₩	CLE V: Effective date, if other than the effective date is listed, the date must be days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a member of	per or an authorized representative of a menus.  18.408(3), Florida Statutes, the execution of this remation submitted in a document to the Depart may as provided for in s.817.155, F.S.)  1 HARDIN  1 yped or printed name of signee	mber. is document herein are true. tment of State	lays p