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# **COVER LETTER**

TO: Registration Section
Division of Corporations

SUBJECT: Diamond Supported Living Services 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:

Tazena Kennedy		
	Name of Person	
Diamond Supported Livin	g Services LLC	
•	Firm/Company	
330 Ivy St		
	Address	
Jacksonville, Fl 32206		
C	ity/State and Zip Code	
tazena4@aol.com		
E-mail address: (to be used	for future annual report notification)	
For further information concerning this matter, please	se call:	
Tazena Kennedy	at (904 ) 307-6844	
Name of Person	Area Code & Daytime Tele	phone Number
Enclosed is a check for the following amount:		
\$125.00 Filing Fee \$\sum \$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	Street/Courier Address	

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

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## **ARTICLE I - Name:**

The name of the Limited Liability Company is:

# Diamond Supported Living Services 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:	<b>Mailing Address:</b>
330 Ivy Street	PO Box 2678
Jacksonville, Florida 32206	Jacksonville, Florida 32203

# 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:

Tazena Kennedy	
	Name
330 lvy St.	
Florida st	reet address (P.O. Box NOT acceptable)
Jacksonville	<sub>FL</sub> 32206
	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..

> gnature (REQUIRED) 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 "MGRM" = Managing Memb	Name and Address:
MGR	Tazena Kennedy 330 Ivy St. Jacksonville, Florida 32206
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	· · · · · · · · · · · · · · · · · · ·
	han the date of filing: (OPTIONAL) must be specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	member of an authorized representative of a member.
(In accordance with seconstitutes an affirmat I am aware that any fa constitutes a third degr	ction 608.408(3), Florida Statutes, the execution of this document ion under the penalties of perjury that the facts stated herein are true. Is information submitted in a document to the Department of State ree felony as provided for in s.8 17.155, F.S.)  KENNEDY  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)