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SECRETARY OF STATE ALLAHASSEE, FLORIDA

K. SALY EXAMINER

JUL - 2 2013

COVER LETTER

TO:	Registration Division of C				
SUBJE	CT:	iamond P. E. Name of Limit	questrian Center	LLC	
The enclosed Articles of Organization and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Christine Yeasel					
_			Name of Person		
	Firm/Company				
	5435 Alligator Lake Road				
_	Address				
_	St. Cloud, FL 34772 City/State and Zip Code				
City/State and Zip Code					
Cyeasel Dhotmail.com					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Christine Yeasel at (401) 414-6733 Name of Person Area Code & Daytime Telephone Number					
	Hank	of reison	Area code & Daytime relep	mone rander	
Enclosed is a check for the following amount:					
□ \$125.0	0 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	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:	2.1.2013
The name of the Limited Liability Company is:	
Diamond P Equest	
(Must end with the words "Limited Liability	Company, "L.E.C.," or "LEC.")
ARTICLE II - Address: The mailing address and street address of the principle.	cipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
5100 E. Irlo Bronson Hwy St. Cloud, FL 34771	5435 Alligator LK Rd St. Cloud, FC 34792
ARTICLE III - Registered Agent, Registered C (The Limited Liability Company cannot serve as its own Registere business entity with an active Florida registration.)	
The name and the Florida street address of the reg	istered agent are:
Heather Fa	rling Ex to
Name	
5450 Alligator L Florida street addres	
5+.Cloud City, State	FL 34772 FS 2
City, State	, and Zip
registered agent and agree to act in this capacity all statutes relating to the proper and complete p	cept service of process for the above stated limited is certificate, I hereby accept the appointment as I further agree to comply with the provisions of performance of my duties, and I am familiar with stered agent as provided for in Chapter 608, F.S
Nearher Ja Registered Agent's Signature	(REOUIRED)

(CONTINUED)

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 Member	Name and Address:
MGRM	Angelina Yeasel 5435 Alligator Lake Road 5+ Cloud, FL 34772
MGRM	Christine Yeasel 5435 Alligator Lake Road St. Cloud, FL 34772
<u> </u>	
(Use attachment if necessary)	
ICLE V: Effective date, if other than th	ne date of filing: (OPTIONAL) st be specific and cannot be more than five business day
<u>REQUIRED</u> SIGNATURE:	
Signature of a momb	oer or an authorized representative of a member.
	08.408(3), Florida Statutes, the execution of this document

(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.)

Angelina (1996)
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)