Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000052940 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name

: LAZARUS CORFORATE FILING SERVICE, INC.

Account Number: I2000000019

Phone

: (305)552-5973

Fax Number

: (305)220-1440

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Bmail Address:

FLORIDA LIMITED LIABILITY CO. DIAMOND STAR MERCHANT L.L.C.

Certificate of Status Certified Copy 0 Page Count 03 Estimated Charge \$130.00

Electronic Filing Menu

Corporate Filing Menu

Help

| A ³ | KTICLES OF ORGANIZA | ATTON FOR FLO | 2940 DRIDA LIMITED L | EABILITY CON | APANY OF | I |
|---|--|--|---|---------------------------------|------------------|--|
| RTICLE I - Name The name of the Lin | e ited Liability Company | ı is: | | | | THE THE PARTY OF T |
| Dia | mond 5+ (Must end with the wor | ar N | lercha | nt L. | 4 (11 (5) | 一天 |
| • | (Must end with the wor | rds "Limited 1-i | ability Company, | "L.L.C.," or " | LLC.") | |
| ARTICLE II - Add The mailing address | ress: and street address of the | e principal offic | e of the Limited I | Liability Comp | pany is: | AND COMMENTS |
| Principal Office Ac | dress: | Mailing | Address: | | | |
| 6870 5 | w 45th Ln | #10 | Sen | 10. | | |
| | <u> </u> | | | ~ ` ~~~~ | | |
| Migmi, | FL 33155 | | | | | |
| ARTICLE III - Rep | | ered Office, & ve as its own Re | egister e d Agent, Y | r's Signature; ou must desig | nate an individu | aj or |
| ARTICLE III - Rep The Limited Liability Another business en | istered Agent, Registerly Company cannot servity with an active Florid prida street address of the street addr | ared Office, & ve as its own Reda registration.) | egistered Agent, Y gent are: | ou must desig | nate an individu | aj or |
| ARTICLE III - Rep The Limited Liability another business en | istered Agent, Registerly Company cannot servity with an active Florid prida street address of the street addr | ared Office, & ve as its own Reda registration.) | egistered Agent, Y gent are: | ou must desig | nate an indívidu | al or |
| ARTICLE III - Rep The Limited Liability another business en | istered Agent, Registerly Company cannot servity with an active Florid orida street address of the Albert | ared Office, & ve as its own Reda registration.) the registered as Name | egistered Agent, Y gent are: | ou must desig | nate an indívidu | aj or |
| ARTICLE III - Rep The Limited Liability another business en | istered Agent, Registary Company cannot servity with an active Florid orida street address of the Albertage As For Science Control of the Con | ared Office, & ve as its own Reda registration.) the registered as Name | egistered Agent, Y gent are: Como | ou must desig | nate an indívidu | al or |
| ARTICLE III - Rep The Limited Liability Another business en | istered Agent, Registary Company cannot servity with an active Florid orida street address of the Albertage Florida street address Florida street address of the Florida street address of | ared Office, & ve as its own Reda registration.) the registered as Name W 45+4 css (P.O. Box 1 | egistered Agent, Y gent are: Como Ln 41 OT accoptable) | Ou must desig | nate an individu | al or |
| ARTICLE III - Rep The Limited Liability Another business en | istered Agent, Registary Company cannot servity with an active Florid orida street address of the Albertage Florida street address Florida street address of the Florida street address of | ared Office, & ve as its own Reda registration.) the registered as Name W 45+4 css (P.O. Box 1 | egistered Agent, Y gent are: Como | Ou must desig | nate an indívidu | al or |

(CONTINUED)

Page I of 2

| *** - | , · |
|--|---|
| <u>Title:</u> "AMBR" = Authorized Member | Name and Address: |
| "MGR" = Manager | A |
| MGRM_ | Alberto Purdomo Sr |
| z · | 6870 5W 45 Ln #10 |
| • • | Miami, FL 33155 |
| | |
| | |
| • | |
| | |
| | |
| | |
| | |
| | |
| | |
| (Use attachment if necessary) | |
| CLE V: Effective date, if other than the date | |
| CLE V: Effective date, if other than the date effective date is listed, the date must be sp | e of filing: (OPTIONAL) secific and cannot be more than five business days prior to or 90 day |
| CLE V: Effective date, if other than the date effective date is listed, the date must be space of filing. | |
| CLE V: Effective date, if other than the date effective date is listed, the date must be space of filing. | |
| CLE V: Effective date, if other than the date effective date is listed, the date must be space of filling.) CLE VI: Other provisions, if any. | |
| CLE V: Effective date, if other than the date effective date is listed, the date must be space of filing. | |
| CLE V: Effective date, if other than the date effective date is listed, the date must be space of filling.) CLE VI: Other provisions, if any. | |
| CLE V: Effective date, if other than the date effective date is listed, the date must be space of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a filing and filing and filing an affirmation constitutes an affirmation. | |

Page 2 of 2