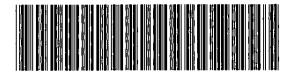
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COVER LETTER

57

то:	Registration Section Division of Corporations			
SUBJE	CT: DJAMONS	BAKK Name of Lir	ENTERPRISE L nited Liability Company	LLC
The enc	losed Articles of Organization	on and fee(s) a	re submitted for filing.	
Please r	eturn all correspondence con	cerning this m	atter to the following:	
	ROBERT	Li t	R L C E Name of Person	
	_		EN (SR PRISE Firm/Company	
			DRIVE Address	
	JALLAHASS	: 55 / F	LORZAA 3230	5
	ROB. LEE. BOL E-mail add	ess: (to be use	City/State and Zip Code MAIL COM d for future annual report notifica	tion)
	her information concerning t			
Ro.	BERT L. PRI Name of Person	<u>CE :</u> at (_	954 263.29 Arca Code Daytime Tel	033 ephone Number
Enclose	d is a check for the following	g amount:		
☑ \$125.00	Filing Fee S130.00 I Certifica	Filing Fee & te of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$160.00 Fiting Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corpo P.O. Box 6327 Tallahassee, FL 32	rations	Street/Courier Adda Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3230	ions er Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited!	Liability Compa	ny is:		
DIAMONO	BAKK	ENTERPRISE	1- 6-	
-		vords "Limited Liability Com)

ARTICLE II - Address:

ARTICLE I - Name:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
3516 FALCON DRIVE	3516 FALCON DEZNE
TALLAHASS SE, FAA	YALLAHASSIT FLA
32305	3270.5

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:

_	<u> </u>
ROBERY L.	PRICE
Name	2
3516 FALCON	DRIVE
Florida street address (P,O. Bo)	x NOT acceptable)
TOWAHASSEE	FL 32305
City	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 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	Roaco 1 Larce
AMBR	BOSERT L. FRICE 3516 FALCON NEWE, TALL, FLA 3
	351/2 10/2012 10025 7011/10 3
	JOIG FANCON INCOME, INCO, TOP S
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ARTICLE IV-

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