

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : BRENNAN, MANNA & DIAMOND, P.L.

Account Number: I20040000104 : (904)366-1500

Fax Number

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

: (904)366-1501

Email Address:

FLORIDA LIMITED LIABILITY CO.

White Diamond Holdings LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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Corporate Filing Menu

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BRENNAN MANNA DIAMON

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COVER LETTER

	egistration Section ivision of Corporations
SUBJECT	White Diamond Holdings LLC
SUBJECT	Name of Limited Liability Company
The enclos	sed Articles of Organization and fee(s) are submitted for filing.
Please rett	arn all correspondence concerning this matter to the following:
	Christopher A. Walker
	Name of Person
	Brennan, Manna & Diamond, P.L.
	Firm/Company
	800 West Monroe Street
	Address
	Jacksonville, Florida 32202
	City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For further i	information concerning this matter, please call:
	Christopher A. Walker 904 366-1500
	Name of Person Area Code Daytime Telephone Number
Enclosed i	s a check for the following amount:
\$125.00 F	Siling Fee \$\ \text{S130.00 Filing Fee & S155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} \ \text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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BRENNAN MANNA DIAMON

ADDICT BOOD ON CASE AT AN AND THE		ŔB
ARTICLES OF ORGANIZATION FOR FLA ARTICLE I - Name: The name of the Limited Liability Company is:		16 JAN 19 PM 1:2 SECRETARY OF STATE TALLAHASSEE FLORID
White Diamond Holdings LLC		
(Must end with the words "Limited Li	ability Company, "L.L.C.," or "LLC.")	
i ARTICLE II - Address: The mailing address and street address of the principal offic	e of the Limited Liability Company is:	
Principal Office Address:	Mailing Address	F
75 East Market Street	75 East Market Street	
Akron, Ohio 44308	Akron, Ohio 44308	

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:

Christopher A. Walk	ter	
	Name	
800 West Monroe St	reet	
Florida street addres	s (P.O. Box NOT acc	ceptable)
Jacksonville	Florida	32202
City	State	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)

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BRENNAN MANNA DIAMON

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•	•		16 JAN 19 PM 1: 21
· A	ARTICLE IV-		2.1
	ARTICLE IV- The name and address of each person authorized t Title:	to manage and control the Limited	Lightlity Company: SECRETARY OF STATE
	Title: "AMBR" = Authorized Member	Name and Address:	IALLAHASSEE FLORIDA
	"MGR" = Manager		
	MGR	CQA Holdings, LLC	
	<u> </u>	222 Imperial Lane	
		Lauderdale By The Sea, Florida	1 3 3 3 0 8
			•
			<u> </u>
	•		
	(Use attachment if necessary)		
ABOTTA	LE V: Effective date, if other than the date of filing:	Tanuary 19 2016	(ODDITONIAL)
	LE v: Execute one, it ower man the one of hing: Nective date is listed, the date must be specific and		
	of filing.)	r cannot be more craft wee phon	tess trade brook to on so days arec
	If the date inserted in this block does not meet the a	policable statutory filing requirer	ments, this date will not be listed
	ument's effective date on the Department of State's		
	•		
ARTIC	LE VI: Other provisions, if any.		
		· · · · · · · · · · · · · · · · · · ·	
	REQUIRED SIGNATURE:		

Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Christopher A. Walker, Authorized Representative

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)

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