# 11600012559

(Requestor's Name)				
(Address)				
(Address)				
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	MAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				





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DEPARTMENT OF STATE

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INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

•	WALK IN
	PICK UP: 1-25
X	CERTIFIED COPY
	РНОТОСОРУ
	cus
×	FILING
1.	THE #1 DIAMOND ESTATE LLC (CORPORATE NAME AND DOCUMENT #)
2.	(CORPORATE NAME AND DOCUMENT #)
3.	(CORPORATE NAME AND DOCUMENT #)
4.	(CORPORATE NAME AND DOCUMENT #)
5.	(CORPORATE NAME AND DOCUMENT #)
6.	(CODROD ATTENIANT AND DOCUMENT #)
SPECIA	(CORPORATE NAME AND DOCUMENT #)  AL INSTRUCTIONS:

## ARTICLE OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE I.

The name of the Limited Liability Company is:

### THE #1 DIAMOND ESTATE LLC

#### **ARTICLE II.**

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

1821 LYONS RD APT 208

**COCONUT CREEK FL 33063** 

The mailing address of the Limited Liability Company is:

**1821 LYONS RD APT 208** 

COCONUT CREEK FL 33063

#### ARTICLE III.

The purpose for which this Limited Liability Company is organized is:

Any and all lawful business.

#### ARTICLE IV.

The name and the Florida street address of the registered agent are:

ARDOI CSOMA, MARTON

1821 LYONS RD APT 208

**COCONUT CREEK FL 33063** 

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.

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01-18-16

Registered Agent's Signature

Date:

#### ARTICLE V.

The name and address of each Manager or Managing Member is as follows:

Name and Address:

Title: MGRM

ARDOI CSOMA, MARTON

**1821 LYONS RD APT 208** 

COCONUT CREEK FL 33063

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In accordance with section 605.0203 (1) (b), 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.

Morton Applin-Come 01-19-16

Signature of a member or an authorized representative of a member.

Typed or printed name of signee

Date

01-18-16