

L17000170680

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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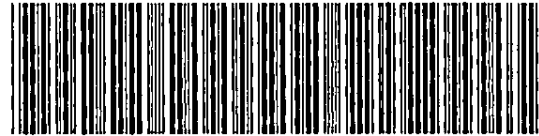
(Business Entity Name)

(Document Number)

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FLORIDA

08/10/17

LINES, HINSON AND LINES

LAWYERS

121 NORTH MADISON STREET 32351  
POST OFFICE BOX 550  
QUINCY, FLORIDA 32353

WILLIAM D. LINES (1914 - 1992)  
ALEXANDER L. HINSON  
BLUCHER B. LINES

TELEPHONE (850) 875-1300  
TELECOPIER (850) 875-1350

August 8, 2017

Secretary of State  
Florida Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

RE: DIAMOND HOOD SERVICES, LLC

To whom it may concern:

Enclosed please find for filing Articles of Organization For Florida Limited Liability Company for the referenced company. Also enclosed is our firm's check in the amount of \$155.00 for filing fee and one certified copy.

Thanking you for your assistance in this matter, I am,

Sincerely,



Alexander L. Hinson  
Lines, Hinson and Lines

ALH:kc

Enc.

ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: DIAMOND HOOD SERVICES, LLC.

ARTICLE II - Address:

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

Principal Office Address:

401 N. Duval Street  
Quincy, FL 32351

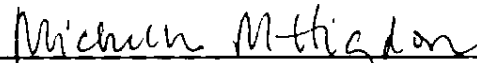
Mailing Address:

401 N. Duval Street  
Quincy, FL 32351

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

Michelle M. Higdon  
401 N. Duval Street  
Quincy, FL 32351

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 608, Florida Statutes.



Michelle M. Higdon  
Registered Agent's Signature

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ARTICLE IV - Members:

<u>Title:</u>	<u>Name and Address:</u>
MBR	Michelle M. Higdon 401 N. Duval Street Quincy, FL 32351
MBR MGR	Michelle M. Higdon 401 N. Duval Street Quincy, FL 32351

ARTICLE V - Effective Date:

These Articles shall have an effective date as of the date of filing.

REQUIRED SIGNATURE:

Michelle M Higdon  
Signature of a member or authorized representative of a member.  
Michelle M. Higdon  
401 N. Duval Street  
Quincy, FL 32351

(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.)

Michelle M. Higdon  
Typed or printed name of signee

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FILED  
CLERK OF CIRCUIT COURT  
FLORIDA