

L17000255625

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

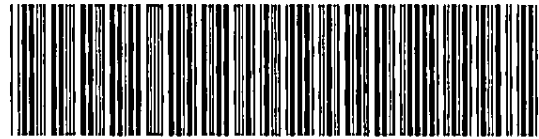
Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

W17-93380

Office Use Only



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11/09/17--01021--004 **70.00

11/01/17--01019--018 **60.00

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17 DEC 13 PM 3:08
CLERK OF SUPERIOR COURT
CLERK OF SUPERIOR COURT

T. BURCH
DEC 14 2017

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Diamond Enterprise of Jax. LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DeWayne Scott
Name of Person

Diamond Enterprise of Jax. LLC
Firm/Company

P.O. Box 41022
Address

Jacksonville, FL 32203
City/State and Zip Code

diamondenterprise20@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DeWayne Scott at (904) 294-2605
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee
☒ \$130.00 Filing Fee & Certificate of Status
☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
☐ \$160.00 Filing Fee, Certificate of Status & 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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 22, 2017

DEWAYNE SCOTT
P.O. BOX 41022
JACKSONVILLE, FL 32203

SUBJECT: DIAMOND ENTERPRISE OF JAX. LLC
Ref. Number: W17000093380

We have received your document for DIAMOND ENTERPRISE OF JAX. LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tim Burch
Regulatory Specialist III

Letter Number: 817A00023763

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Diamond Enterprise of Jax, LLC
(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

11505 Riva Ridge Ct
Jacksonville, FL
32218

Mailing Address:

~~11505 Riva Ridge Ct~~
~~Jacksonville, FL~~
~~32218~~

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

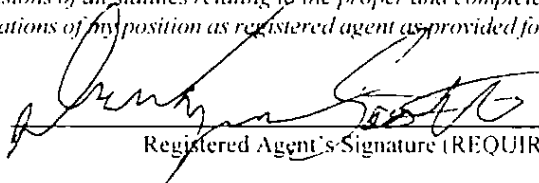
(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

DeWayne Scott
Name
11505 Riva Ridge Ct
Florida street address (P.O. Box **NOT** acceptable)
Jacksonville, FL
City State Zip

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JACKSONVILLE, FLORIDA

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)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

President

Name and Address:

DeWayne Scott
11505 Riva Ridge Ct
Jacksonville, FL 32218

(Use attachment if necessary)

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17 DEC 13 PM 3:08
CLERK OF COURT
JACKSONVILLE, FL

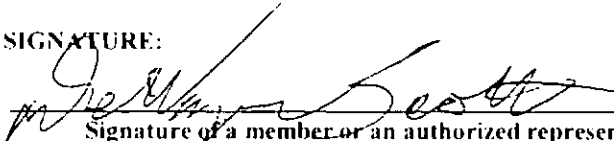
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE 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.

DeWayne Scott

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)