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## COVER LETTER 🔍

	ing Section of Corporations			
	mond Cruising LLC			
SUBJECT:	Name of I	Limited Liability Company		
The enclosed Arti	cles of Organization and fee(s)	are submitted for filing.		
Please return all c	orrespondence concerning this	matter to the following:		
Steve	Tolbert			
<del></del>		Name of Person		
<del></del>		Firm/Company		
601 L	ookout Lakes Drive			
		Address		
Jacks	onville,Florida 32220			
		City/State and Zip Code		
steveto	olbert@gmail.com	15 5		-
		ed for future annual report notification	ation)	
For further informa	tion concerning this matter, ple	ase call:		
Steve	Tolbert at (	904 738-7448		
	Name of Person	Area Code Daytime Telepho	one Number	
Enclosed is a chec	ck for the following amount:		er. Er fr	18 AP3
\$125.00 Filing Fe	S130.00 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 enclo	sed.
	Mailing Address	Street Address		Ω L

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Diamond Cruis				
(Mus	t contain the words "Limited Liab	oility Company, "I	L.L.C.," or "LLC.")	
RTICLE II - Address: ne mailing address and st	reet address of the principal office	e of the Limited L	iability Company is:	
Pr	incipal Office Address:		Mailing Address:	
	ikoc Drivo	601 L	ookout Lakes Drive	
601 Lookout L	IKCS DIIVC		Jacksonville, FL 32220	
ACKSONVIlle, F  RTICLE III - Registere the Limited Liability Cortother business entity with	32220 d Agent, Registered Office, & F	Jackson Jackso		
ATICLE III - Registere The Limited Liability Corother business entity with	d Agent, Registered Office, & Financy cannot serve as its own Renth an active Florida registration.)	Jackson Jackso	's Signature:	
ATICLE III - Registere The Limited Liability Corother business entity with	d Agent, Registered Office, & Fapany cannot serve as its own Regh an active Florida registration.)  treet address of the registered agentics.	Jackson Jackso	's Signature:	
ATICLE III - Registere The Limited Liability Corother business entity with	d Agent, Registered Office, & Fapany cannot serve as its own Regh an active Florida registration.)  treet address of the registered agentics.	Aegistered Agent gistered Agent. Ye ent are:	's Signature:	
ATICLE III - Registere The Limited Liability Corother business entity with	d Agent, Registered Office, & Fapany cannot serve as its own Regh an active Florida registration.)  treet address of the registered agentics.  Steve Tolbert	Jackson Jackso	's Signature: ou must designate an individual or	
ATICLE III - Registere The Limited Liability Corother business entity with	d Agent, Registered Office, & Fapany cannot serve as its own Regh an active Florida registration.)  treet address of the registered age  Steve Tolbert  No.  601 Lookout Lakes Driv	Jackson Jackso	's Signature: ou must designate an individual or	

(CONTINUED)

Registered Agent's Signature (REQUIRED)

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ARTICLE IV-

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

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager AMBR	Libby Denais 601 Lookout Lakes Drive Jacksonville, FL 32220
(Use attachment if necessary)	
the date of filing.)	cannot be more than five business days prior to or 90 days after pplicable statutory filing requirements, this date will not be listed as
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	
This document is executed in acco	an authorized representative of a member. ordance with section 605.0203 (1) (b), Florida Statutes. ion submitted in a document to the Department of State s provided for in s.817.155, F.S.
Steve Tolbert 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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