

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : SUPERBIZ.COM, INC.
Account Number : J20070000160
Phone : (800) 494-3124
Fax Number : (305) 675-2811

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

Email Address: _____

**FLORIDA LIMITED LIABILITY CO.
EIGHT FIFTY DIAMOND DETAILING LLC**

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

SECRETARY OF STATE
ALLIANCE, FLORIDA

19 APR 12 PM 4:26

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H-19000121666-3

**ARTICLES OF ORGANIZATION FOR A
FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I NAME**

The name of the Limited Liability Company is:

EIGHT FIFTY DIAMOND DETAILING LLC

ARTICLE II ADDRESS

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

1372 BLOUNTSTOWN HIGHWAY

TALLAHASSEE, FLORIDA 32304

ARTICLE III REGISTERED AGENT

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

STACIE R KIRKLAND

3304 SUGAR BERRY WAY

TALLAHASSEE, FLORIDA 32303

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.

X /s/ Stacie Kirkland

STACIE R KIRKLAND / Registered Agent's signature

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ARTICLE IV AUTHORIZED PERSON(S)

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

AUTHORIZED MEMBER

STACIE R KIRKLAND

1372 BLOUNTSTOWN HIGHWAY

TALLAHASSEE, FLORIDA 32304

AUTHORIZED MEMBER

RODRICK J ALLEN JR

3304 SUGAR BERRY WAY

TALLAHASSEE, FLORIDA 32303

.....
X /s/ Stacie Kirkland

STACIE R KIRKLAND / Authorized Representative's signature

(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.)