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SECRETARY OF STATE
TALL AHASSEE, FLORIDA

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COVER LETTER

• :

TO: New Filing Section Division of Corporations					
SUBJECT: Diamond Real Estate G	rain IIC				
Name of Limite	d Liability Company				
The enclosed Articles of Organization and fee(s) are su	bmitted for filing.				
Please return all correspondence concerning this matter	to the following:				
Tiphany Weeks					
114 42 1	Jame of Person				
Diamond Real Estate	CYOUD LLC Firm/Company				
503 Jennifer Lame	Address				
Windermere FL 34- City/ Zweeksatatime@am	186				
City/	State and Zip Code				
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please cal	H-				
, , , , , , , , , , , , , , , , , , ,	•				
Tiphuny Weeks at (40 Name of Person Area					
Enclosed is a check for the following amount:					
\$125.00 Filing Fee \$\ \text{Certificate of Status} \tag{a}	\$155.00 Filing Fee & S160.00 Filing Fee, Certified Copy dditional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)				
Mailing Address	Street Address				
New Filing Section New Filing Section Division of Corporations Division of Corporations					
P.O. Box 6327 Clifton Building					
Tallahassee, FL 32314 2661 Executive Center Circle					

Tallahassee, FL 32301

AKTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	RT	ICL	FI	_	N a	mes
7 N				_		

The name of the Limited Liability Company is:

Diamond Real Estate Group UC (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:

Mailing Address:

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:

503 Tennifer In
Florida street address (P.O. Box NOT acceptable)

Windermere, FI

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 obligation of my position as registered agent as provided for in Chapter 605, F.S..

\Slehature (REQUIRED)

(CONTINUED)

ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: "AMBR" = Authorized Member "MGR" = Manager MGR MGR (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: July 18, 2019 (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 anv. REQUIRED SIGNATURE

Signature of a member of 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.

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)