LJJ000436383

| (Requestor's Name) |
|---|
| |
| (Address) |
| |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Business Link, value) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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COVER LETTER

| TO: | New Filing Sec Division of Co | | | | | |
|--|----------------------------------|--|------------------|--|---|--|
| SHB 167 | Orange DIAMONDS, LLC. | | | | | |
| SUBJECT: Name of Limited Liability Company | | | | | | |
| The encl | osed Articles of | Organization and feets |) are submitted | for filing | | |
| Please re | turn all correspo | ondence concerning this | matter to the # | ollowing: | | |
| | Manuel Anto | onio Duran | | | | |
| | | | Name of | Person | | |
| | Orange Diar | monds, LCC | | | | |
| | | | Firm/Co | тралу | | |
| | 2374 Bellaro | osa cir | | | | |
| | | | Addr | ess | | |
| | Royal Palm beach | | | | | |
| | | | City/State an | d Zip Code | | |
| | Mjmd38@ya | hoo.com | | | | |
| | 1 | E-mail address: (to be u | sed for future a | innual report notificat | on) | |
| For furthe | r information co | ncerning this matter, ple | ease call; | | | |
| | Manuel Anto | | 561 | 729-8670 | | |
| | Nam | ne of Person | | Daytime Telephon | e Number | |
| Enclosed | I is a check for t | he following amount: | | | | |
| | | | | * 00 1111 11 11 | Thua ao n'il n | |
| □\$ 125. | 00 Filing Fee | iling Fee S130 00 Filing Fee & Certificate of Status | | 5 00 Filing Fee & ed Copy al 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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 2022 OCT -3 AM IO: 55

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| The name of the Limited Liability Company is: | |
|---|--------------------------------------|
| ORANGE DIAMONDS, LLC | |
| (Must contain the words "Limited Liabi | lity 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: |
| 2374 Bellarosa Circle | 2374 Bellarosa Circle |
| Royal Palm Beach | Roval Palm Beach |
| FI 33.111 | FI 33411 |

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:

ARTICLE 1 - Name:

| Manuel Antonio Dura | n | |
|------------------------|-------------------------|------------|
| | Name | |
| 2374 bellarpsa cir | | |
| Florida street address | (P.O. Box <u>NOT</u> ac | (ceptable) |
| Roval Palm beach | FL. | 33411 |
| City | State | Zip |

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)

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|-----|---|-----|-----|-----|
| | | | | |

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

| Title: | Name and Address: | | |
|---|--|-------------|--|
| "AMBR" = Authorized Member "MGR" = Manager | | | |
| Chief operating Office | Manuel Antonio Duran | | |
| | 2374 Bellarosa Circle, Royal Palm Beach, FL e3411 | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
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| (Use attachment if necessary) | | | |
| ARTICLE V: Effective date, if other than the da | ate of filing: (OPTIONAL) | | |
| (If an effective date is listed, the date must be the date of filing.) Note: If the date inserted in this block does not | specific and cannot be more than five business days prior to or 90 do of meet the applicable statutory filing requirements, this date will not be | | |
| the document's effective date on the Departme | nt of State's records | | |
| ARTICLE VI: Other provisions, if any. | | | |
| | | | |
| REQUIRED SIGNATURE: | | | |
| | | | |
| This document is exe I am aware that any fa | member or an authorized representative of a member, cuted in accordance with section 605.0203 (1) (b), Florida Statutes also information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S. | | |
| _wMa | Typed or printed name of signee | ~ 2 | |

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

S 30.00 Certified Copy (Optional)
S 5.00 Certificate of Status (Optional)