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LAZARUS CORPORATE

(((H22000421147 3)))



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

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FLORIDA LIMITED LIABILITY CO. CJL DIAMONDS LLC

Certificate of Status	1
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Page Count	03
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ARTICLES OF ORGANIZATION FLORIDA LIMITED LIABILITY COMPANY Effective Date 11/123 FOR

ARTICLE I - Name:

The name of the Limited Liability Company is:
ARTICLE II AND ARTICLE II ARTICLE II ARTICLE II AND ARTICLE II ARTICLE II AND ART
The mailing address and street address of the principal office of the Limited Liability Company is:
1648 SW 7th st AP+ #+ 33135
Miami Fl
APTICLE III C
ARTICLE III - Registered Agent, Registered Office: The name and the Florida street address of the registered agent are: (The Line and Luability Company cannot serve as its own Registered Agent. You must designate on individual or another bushess entity with an active Florida registration.)
1648 se 7th APT # 4 33135 miami F1
CARLOS JOSE LOPEZ ANDRADE
ARTICLE IV
The name and title of each person authorized to manage and control the lamited. Liability Company: (MGR or AMBR)
CARLOS JOSE LOPEZ ANDRADE (AMBRE) =
•

Required Signatures:

Signature of a member or an authorized representative of a member.

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.

CALO OS LOPEZ AND ADD

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)