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(F	Requestor's Name)	
<u> </u>	Address)	
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(C	City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(E	Business Entity Name)	
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(L	Document Number)	
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DIVISION OF CONCRAFTIONS

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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

A & J DIAMONE	OS, LLC	
Please Debit FCA	000000003 For: 125	
Thank you Seth N	eeley	
Staff		Art of Inc. File
		LTD Partnership File
		Foreign Corp. File
		L.C. File
		Fictitious Name File
		Trade/Service Mark
		Nlorger File
		Art, of Amend, File
		RA Resignation
		Dissolution / Withdrawal
		Annual Report / Reinstatement
		Cert. Copy
		× Photo Copy
		Certificate of Good Standing
		Certificate of Status
		Certificate of Fictitious Name
		Corp Record Search
	Officer Search	
Signature		Fictitious Search
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		Vehicle Search
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Name of the second	Date Time	- UCC 11 Search
Name	Date Time	UCC 11 Retrieval
Walk-In	Will Pick Up	Courier

COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: A TO AMONDS LE Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
FOYPLUSTIG, ESE
Name of Person
Roy RLUSTIE, PA, Firm/Company
Firm/Company
20900 NE 304 AVE SUTE 600
Address
AVENTURA FL 33180
AVONTURA FZ 33(50) ROYOR LUSTIG-LAW, COL
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Roy RLS76 at (305) 3714213 Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee S130.00 Filing Fee & S160.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) S160.00 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 of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
ANT DIAMONDS, LLC	
(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:
3475 D. COVERRY CLUI	3DR SAME
42/3	
40000000 6 23(01)	
110 EULIVER 1 PC- 2-212C.	·

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:

Name

Name

20900 NE 30 AVE SVE 176600

Florida street address (P.O. Box NOT acceptable)

AVENTURA FLA 33180
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..

(CONTINUED)

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address: JORANAN ADIKZER ZIESTRATTERN APTZ
MER	ADAMILISTIC 3475 A COUNTRY LIADR #303 AVENTURA, PZ-3318D
(If an effective date is listed, the date must be specific the date of filing.)	ting: 12/6/2023 (OPTIONAL) and cannot be more than five business days prior to or 90 days after the applicable statutory filing requirements, this date will not be listed as ate's records.
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE Signature of a member This document is executed in	r or an authorized representative of a member. accordance with section 605.0203 (1) (b), Florida Statutes.
I am aware that any false into constitutes a third degree felo	ormation submitted in a document to the Department of State only as provided for in s.817.155, F.S. HSTG ped or printed name of signee

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

Filing Fees:

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

ARTICLE IV-

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)