14000

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Special Instructions to Filing Officer:

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1. The Dis

レンターノフ

Tallahassee, FL 32301-2607 850-558-1500, Ext: x62969

To: Department Of State, Division Of Corporations

From: Amanda Miller

Ext: x62969 Date: 11/04/24 Order #: 1671246-1

Re: DIAMOND ENTERPRISES LLC

Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

closed please find:
Certificate of Formation/Incorporation
Amount to be deducted from our State Account: \$125.00 - FL State Account Number

120000000195

Please take the following action:

File in your office on basis

Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

	Filing Sect ision of Corp					
SUBJECT:	DIAMOND	ENTERPRISES I LL	.c			
ococci.		Name of	Limited Liab	ility Company		
The enclosed	Articles of (Organization and fee(s) are submitte	d for filing.		
Please return	all correspoi	ndence concerning this	s matter to the	following:		
F	Ronald Diam	ond				
_			Name o	of Person		
I	Diamond Ent	erprises I LLC				- AON 1202
	-		Firm/C	Company	LA	- Q
5	525 Fort Lau	derdale Beach, Unit 13	203		iAS;	
_			Add	iress	i.	- A
F	ort Lauderd	ale, FL 33304			L	9: 1-7
_			City/State a	and Zip Code		
<u>no</u>	18796@aol.c					
	E	-mail address: (to be u	ised for nunre	annual report notificat	ion)	
For further info	ormation con	cerning this matter, pl	ease call:			
R	onald Diamo		914	523-7889		
	Name	of Person	Area Code	Daytime Telephon	ne Number	
Enclosed is a	check for th	e following amount:				
自\$125.00 F		□\$130.00 Filing Fe Certificate of Status	Certi	55.00 Filing Fee & fied Copy anal copy is enclosed)	□\$160.00 Filing Certificate of Su Certified Copy (additional copy is	ntus &
		Address		Street Address		
		ling Section n of Corporations		New Filing Section D The Centre of Tallah		
	P.O. Bo	ox 6327 ssee, FL 32314		2415 N. Monroe Stre Tallahassee, FL 3230	et, Suite 810	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Diamond Enterprise			
(Must cor	es I LLC natin the words "Limited Li	iability Company	"LC "or "LC")
	idili die Words Ellinies El	incinity company,	
RTICLE II - Address: he mailing address and street:	address of the principal off	fice of the Limited	Liability Company is:
•	pal Office <u>Address</u> :		Mailing Address:
790 Madison Avenu New York, NY 100			Fort Lauderdale Beach, Unit 1203 Lauderdale, FL 33304
			it's Signature: You must designate an individual or
he Limited Liability Compan	iy cannot serve as its own F	Registered Agent. \	
The Limited Liability Companiother business entity with an	ny cannot serve as its own F nactive Florida registration	Registered Agent. \ .)	
he Limited Liability Companiother business entity with an	ny cannot serve as its own F nactive Florida registration	Registered Agent. \ .)	You must designate an individual or
RTICLE III - Registered Ag The Limited Liability Compan nother business entity with an the name and the Florida stree	y cannot serve as its own F active Florida registration t address of the registered a Ronald Diamond	Registered Agent. \ .)	You must designate an individual or
The Limited Liability Companiother business entity with an	y cannot serve as its own F active Florida registration t address of the registered a Ronald Diamond	Registered Agent. \ .) agent are: Name	You must designate an individual or
The Limited Liability Companiother business entity with an	y cannot serve as its own F active Florida registration t address of the registered a Ronald Diamond	Registered Agent. \ .) agent are: Name Beach, Unit 1203	You must designate an individual or
The Limited Liability Compan nother business entity with an	y cannot serve as its own F i active Florida registration t address of the registered a Ronald Diamond 525 Fort Lauderdale B	Registered Agent. \ .) agent are: Name Beach, Unit 1203	You must designate an individual or

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..

Konald Damond
Registered Agent's Signature (REQUIRED)

(CONTINUED)

"AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR	Ronald Diamond 525 Fort Lauderdale Beach, Unit 1203 Fort Lauderdale, FL 33304
	FALLA
(Use attachment if necessary)	HASSEE.
CLE V: Effective date, if other than the date of	of filing:(OPTIONAL)
enective date is listed, the date must be spete of filing.) If the date inserted in this block does not m	eet the applicable statutory filing requirements, this date will not be li
enective date is listed, the date must be spete of filing.)	eet the applicable statutory filing requirements, this date will not be li
te of filing.) If the date inserted in this block does not more than the cument's effective date on the Department of	eet the applicable statutory filing requirements, this date will not be li
te of filing.) If the date inserted in this block does not more cument's effective date on the Department of CLE VI: Other provisions, if any.	eet the applicable statutory filing requirements, this date will not be lift State's records.
reference date is listed, the date must be specifie of filing.) If the date inserted in this block does not micument's effective date on the Department of CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a menuing document is executed I am aware that any false	eet the applicable statutory filing requirements, this date will not be li
reference date is listed, the date must be specifie of filing.) If the date inserted in this block does not micument's effective date on the Department of CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a menuing document is executed I am aware that any false	Du GIL mber or an authorized representative of a member. ed in accordance with section 605.0203 (1) (b), Florida Statutes. information submitted in a document to the Department of State