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**EXAMINER** 

#### **COVER LETTER**

	on of Corporations		
SUBJECT: _	Diamond Accounting Services, LLC		
	Name of Limited Liability Company		
	Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of check are submitted to register the above referenced foreign limited liability company to transact business in Florida		
Please return a	Il correspondence concerning this matter to the following:		
Sharon R. Hebert			
	Name of Person		
	Diamond Accounting Services, LLC		
	Firm/Company		
	5204 Blue Crob Cirolo Unit C 2		
	5291 Blue Crab Circle Unit G-2  Address		
	/Yddiv35		
Bokeelia, FL 33922			
City/State and Zip Code			
	sharon.hebert@comcast.net		
	E-mail address: (to be used for future annual report notification)		
For further info	ormation concerning this matter, please call:		
	Sharon Hebert at ( 303 ) 619-6494		
	Name of Person Area Code & Daytime Telephone Number		
Divisi Regis P.O. I	ING ADDRESS: on of Corporations pration Section Box 6327 passee, FL 32314  STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		
Enclosed is	a check for the following amount:		
\$12	25.00 Filing Fee \$\sum \text{\$130.00 Filing Fee & Certificate of Status}\$\$155.00 Filing Fee & \$\sum \text{\$160.00 Filing Fee, Certificate of Status}\$\$\$Certified Copy		

### APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1.	Diamond Accountin (Name of Foreign Limited Liability Company; must include	ng Services, LLC "Limited Liability Company," "L.L.C.," or "LLC.")	<del></del>		
co	name unavailable, enter alternate name adopted for the purpose assent of the managers or managing members adopting the alternation of the managers or managing members adopting the alternation of the managers or managing members adopting the alternation of the managers or managing members adopting the alternation of the managers or managers or managers and the managers of the mana				
2.	Colorado 3.	20-2015012			
	(Jurisdiction under the law of which foreign limited liability company is organized)	20-2015012 (FEI number, if applicable)			
4.	December 16, 2004 5.	perpetual (Duration: Year limited liability company will cease			
	(Date of Organization)	(Duration: Year limited liability company will cease exist or "perpetual")	to		
6.	N/A				
٠.	(Date first transacted business in Florid (See sections 608.501 & 608.502 F.S. to	da, if prior to registration.) odetermine penalty liability)	<del></del>		
7.	5291 Blue Crab Circle Unit G-2		D		
	Bokeelia, FL 33922	Principal Office) 28	ISION ISION		
		Principal Office)	<del>~</del> ₩T		
8.	If limited liability company is a manager-managed co				
9.	If limited liability company is a manager-managed company, check here  The name and usual business addresses of the managing members or managers are as follows:				
	Sharon R. Hebert		- <del></del>		
	5291 Blue Crab Circle Unit G-2				
	Bokeelia, FL 33922				
the	. Attached is an original certificate of existence, no more than 90 day jurisdiction under the law of which it is organized. (A photocopy is inslation of the certificate under oath of the translator must be submit	s not acceptable. If the certificate is in a foreign language			
11	. Nature of business or purposes to be conducted or p	romoted in Florida:			
	Accounting Consu	Iting Services	<u>_</u> .		
	Sharon R	Hebert			
		orized representative of a member. , the execution of this document constitutes			
	Sharon F	R. Hebert			
	Typed or printed n	ame of signee			

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the L	imited Liability Company is:	
	Diamond Accounting Services, LLC	
If unavailable, the alto	ernate to be used in the state of Florida is:	
2. The name and the	Florida street address of the registered agent and office are:	
	Sharon R. Hebert	
	(Name)	
	5291 Blue Crab Circle Unit G-2	
	Florida Street Address (P.O. Box NOT ACCEPTABLE)	
	Bokeelia, Fpj33922	
	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 608, Florida Statutes.

(Signature)

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

## OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

#### CERTIFICATE

I, Bernie Buescher, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

#### DIAMOND ACCOUNTING SERVICES, LLC

is a Limited Liability Company formed or registered on 12/16/2004 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20041437716.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 06/10/2009 that have been posted, and by documents delivered to this office electronically through 06/12/2009 @ 11:53:42.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Denver, Colorado on 06/12/2009 @ 11:53:42 pursuant to and in accordance with applicable law. This certificate is assigned Confirmation Number 7390428.



Secretary of State of the State of Colorado

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Certificate Confirmation Page of the Secretary of State's Web site, <a href="http://www.sos.state.co.us/biz/CertificateSearchCriteria.do">http://www.sos.state.co.us/biz/CertificateSearchCriteria.do</a> entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, <a href="http://www.sos.state.co.us/click Business">http://www.sos.state.co.us/click Business</a> Center and select "Frequently Asked Questions."