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Certified Copies	_ Certificate:	s of Status	
Special Instructions to	Filing Officer:		





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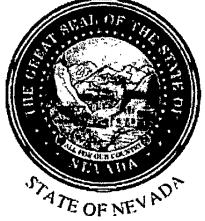
COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: BLUE DIAMOND PROPERTY SOLUTIONS, LLC				
Name of	Limited Liability Company			
	pany for Authorization to Transact Business in Florida," Certificate of enced foreign limited liability company to transact business in Florida			
Please return all correspondence concerning this matter to the	following:			
MARC HARGRAVES				
Name of Person				
F	irm/Company			
18645 SW 88TH CT				
Address				
CUTLER BAY, FL 33157				
City/S	State and Zip Code			
E-mail address: (to be use	d for future annual report notification)			
For further information concerning this matter, please call:				
flyhargraves@gmail.com	at (786) 877-3613			
Name of Contact Person	Area Code Daytime Telephone Number			
MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration Section				
P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			
Enclosed is a check for the following amount: \$\Boxed{1} \$125.00\$ Filing Fee \$\alpha \$130.00\$ Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & ☐ \$160.00 Filing Fee, Certificate Certified Copy of Status & Certified Copy			

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

	IXON 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FI SINESS INTHE STATE OF FLORIDA:	OREIGN LIMITED UAB	ILTY
I. BLUE DIAMOND PROF	ERTY SOLUTIONS, LLC		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
(Name of Fore	ign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "I	LLC.")	
(It'name unavailable, enter al Liability Company," "L.L.C,"	ternate name adopted for the purpose of transacting business in Florida. The alternate name or "LLC.")	must include "Limited	
2. NEVADA	3. 82-1259580	••	
(Jurisdiction under the law company is organized)	of which foreign limited liability (FEI number, if applicable)	<u> </u>	
4. NA			
	(Date first transacted business in Florida, il prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	:	
5. 18645 SW 88 Crt.			
Cutter Bay, FL 33157			
6. 18645 SW 88 Crt.	(Street Address of Principal Office)	T SEC	
Cutter Bay, FL 33157		MAY AMA	
-	(Mailing Address)	SS -	Br. Test b Tistage
7. Name and street address	s of Florida registered agent: (P.O. Box NOT acceptable)		in the second se
Name:	MICHAEL OESTERLE	55 :	President Commence
Office Address:	8710 LAKE RIDGE DR.		in a second
	PALM BAY , Florida 32909	ing the second s	
	(City) (Zip code)		
designated in this applicate to complywith the provision	tance; gistered agent and to accept service of process for the above stated limited liabilition, I hereby accept the appointment as registered agent and agree to act in this ons of all statutes relative to the proper and complete performance of my duties, my position as constered ment.	s capacity. I further a	igree
	(Registered agent's signature)		
-	city and address of the person(s) who has/have authority to manage is/are: MANAGER, 18645 SW 88 Crt., Cutler Bay, FL 33157	*	
JULIE HARGRAVES	, MANAGER, 18645 SW 88 Crt., Cutler Bay, FL 33157		
jurisdiction under the law	of existence, no more than 90 days old, duly authenticated by the official having confirmation of which it is organized. (If the certificate is in a foreign language, a translation of	custody of records in the certificate under o	he
of the translator must be su	iominea)		
	/ MMC	; ;;,,	
	Signature of an authorized person	·	
This document is executed submitted in a document to	in accordance with section 605:0203 (1) (b), Florida Statutes. I am aware that any the Department of State constitutes a third degree felony as provided for in s.817.	false information—— 155, F.S.	
···	-MARC-HARGRAVES		
•	Typed or printed name of signee	•	

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **BLUE DIAMOND PROPERTY SOLUTIONS**, **LLC**, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since March 24, 2017, and is in good standing in this state.

TO NO.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on April 24, 2017.

Ballons K. Cegarste

Barbara K. Cegavske Secretary of State

Electronic Certificate

Certificate Number: C20170424-0624 You may verify this electronic certificate online at http://www.nvsos.gov/