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M. MILLIGAN FEB 1 4 2019

COVER LETTER

TO: Registration Section Division of Corporati	ons		
	ND CAPITAL GROUP, LLC		
SUBJECT:	Name of	Limited Liability (Company
The enclosed "Application by F Existence, and check are submit	oreign Limited Liability Comp ted to register the above refer	pany for Authoriza enced foreign limit	ation to Transact Business in Florida," Certificate of ted liability company to transact business in Florida.
Please return all correspondence	concerning this matter to the	following:	
NILDA R. DI	E ARELLANO		
-	N	ame of Person	
	Fi	irm/Company	
2139 W. 60T	H STREET		
		Address	
HIALEAH, F	LORIDA 33016		
	City/S	tate and Zip Code	·
Blackdiamonde	capgroup@gmail.com		
	E-mail address: (to be use	d for future annual	report notification)
For further information concern	ing this matter, please call:		
NILDA R. DE ARELI		883 at (273-6882
Name	of Contact Person	Area Code	Daytime Telephone Number
MAILING ADDRES: Division of Corporatio Registration Section P.O. Box 6327 Tailahassee, FL 32314	ns		STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the follo	owing amount: \$\Bigsize \text{S130.00 Filing Fee & Certificate of Status}\$	□ \$155.00 Filin Certified Copy	ng Fee & □ \$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 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	Limited Liability Company; must include "Limite		
	name adopted for the purpose of transacting business in Flo	orida. The alternate name must include "Limited	d Liability Company," "L.L.C," or "LLC.")
2. WYOMING	hich foreign limited liability company is organized)	3. <u>83-3418548</u>	number, if applicable)
	men rotetga named habitay company is organized?	(11)	number, if applicable)
4. 2/9/2019	(Date first transactor) housing in El and a discourse	a ramutration I	
	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determ	tine penalty hability)	
5. 30 N. GOULD STREE		6. 30 N GOULD STREET	1 dien - 1
(Street Address of Principal Office) SUITE R		SUITE R	201s
SHERIDAN, WY 82801		SHERIDAN, WY 8280	-
			100 1
7. Name and <u>street addres</u>	ss of Florida registered agent: (P.O. Box	x <u>NOT</u> acceptable)	
Name:	NILDA R. DE ARELLANO		
	2139 W. 60TH STREET		
Office Address:			, <u>n</u> ,
	HIALEAH. (City)	, Florida 33016 (Zig	
Having been named as re designated in this applica to comply with the provisi	rgistered agent and to accept service of ation. I hereby accept the appointment ations of all statutes relative to the proper s of my position as registered agent.	process for the above stated limits registered agent and agree to	ited liability company at the place act in this capacity. I further agr.
designated in this applica to comply with the provisi and accept the obligation.	rgistered agent and to accept service of ation. I hereby accept the appointment ations of all statutes relative to the propers of my position as registered agent. (Registered agent's	process for the above stated liming registered agent and agree to rand complete performance of rand complete performance of randings.	ited liability company at the place act in this capacity. I further agr my duties, and I am familiar with
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Having been named as redesignated in this applicate to comply with the provise and accept the obligation. 8. The name, title or capa Title or Capacity: MGR. (Use attachments if neces it. Attached is a certificate misdiction under the law if the translator must be supported by th	rgistered agent and to accept service of ation. I hereby accept the appointment of ions of all statutes relative to the propers of my position as registered agent. (Registered agent's active and address of the person(s) who have and Address: N. de Arellano 2139-W. 60th St. Hialeah 4433046 stary) of existence, no more than 90 days old, of which it is organized. (If the certifical abmitted) utted in accordance with section 605.020 to the Department of State constitutes a the	process for the above stated limits registered agent and agree to r and complete performance of r and complete performance of r as signature) as/have authority to manage is/ar Title or Capacity: duly authenticated by the official te is in a foreign language, a transfer (1) (b), Florida Statutes, I am a	ited liability company at the place act in this capacity. I further agring duties, and I am familiar with the second seco

Typed or printed name of signee

NILDA R. DE ARELLANO

STATE OF WYOMING Office of the Secretary of State

I, EDWARD A. BUCHANAN, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

BLACK DIAMOND CAPITAL GROUP, LLC

is a

Limited Liability Company

formed or qualified under the laws of Wyoming did on **January 30**, **2019**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2019-000839114**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 4th day of February, 2019 at 10:49 AM. This certificate is assigned 029709431.

Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website https://wyobiz.wy.gov and following the instructions displayed under Validate Certificate.