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TOLINE

Registration Section

TO: Registration Section Division of Corporations
SUBJECT: DIAMOND HOME REALTY LLC
Name of Limited Liability Company
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.
Please return all correspondence concerning this matter to the following:
Jacqueline C Grant
Name of Person
DIAMOND HOME REALTY LLC
Firm/Company
2719 HOLLYWOOD BLVD #B98
Address
HOLLYWOOD, FL 33020 City/State and Zip Code info@diamondnotaryandweddingservice.com E-mail address: (to be used for future annual report notification)
City/State and Zip Code
info@diamondnotaryandweddingservice.com 🚆 😤
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Jacqueline C Grant 866-0150
Name of Contact Person Area Code Daytime Telephone Number
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the tillowing amount:
Freste make check payable to: PLORIDA DEPARTMENT OF STATE: \$125.00 Filing Fee \$\infty\$ \$130.00 Filing Fee & \$\infty\$ \$155.00 Filing Fee & \$\infty\$ \$160.00 Filing Fee, Certificate
\$125.00 Filing Fee \$\ \times \ \times \times \ \

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

adopted for the purpose of transacting buttness in	Florida. The alternate name	must unclude "Linuted Liability Cong	perry ." "L L.C." or "LLC.")
	1		
foreign limited liability company is organized)	3	(FEI number, if appli	cable)
(Dase first transacted business in Florida, if prior	to registration)		
OD BLVD #B98			BLVD #B98
espal Office)		` •	
D, FL 33020	HOL	LYWOOD, F	L 33028
			7887 7887 7887
of Florida registered agent: (P.O. B	ox <u>NOT</u> acceptable	e)	AH II; OI OF STATE
Jacqueline C Gr	ant		
2719 HOLLYWOOD B			
		33020 (35 mats)	
	(Date first transacted business in Florida, if prior (See sections 605.0904 & 605.0905, F.S. to dete (OD BLVD #B98) Tipal Office) D, FL 33020 of Florida registered agent: (P.O. B	(Dase first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) OOD BLVD #B98 (pail Office) D, FL 33020 HOL Of Florida registered agent: (P.O. Box NOT acceptable Jacqueline C Grant 2719 HOLLYWOOD BLVD #B98	(Date first transacted business in Florida, if prior to registration.) (See sections 605,0904 & 603,0905, F.S. to determine penalty liability) OOD BLVD #B98 cpal Office) D, FL 33020 HOLLYWOOD, F of Florida registered agent: (P.O. Box NOT acceptable) Jacqueline C Grant 2719 HOLLYWOOD BLVD #B98

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]: Name and Address: Title or Capacity: Name and Address: Title or Capacity; Name: Jacqueline C Grant Name: _____ Manager ✓ Manager 2719 HOLLYWOOD BLVD #B98 Address: ________ Member Address: Member HOLLYWOOD, FL 33020 Authorized Authorized Person Person Other ___Other_____ Other____ Other__ Manager Name: _____ Name: _____ Manager Member Address: ____ Member Authorized Authorized Person Person Other Other_____ Other Manager Manager Name: Manager Address: _ ☐ Mcmber Address: _____ Member Authorized Authorized Person Person Other Other_____ Other Other_ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) 10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. Jacqueline C Grant

Typed or printed name of signee

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly qualified and elected 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, corporations sole, 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, **DIAMOND HOME REALTY LLC**, as a DOMESTIC LIMITED-LIABILITY COMPANY (86) duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 09/11/2019, and is in good standing in this state.

Certificate Number: B20191001260929

You may verify this certificate online at http://www.nvsos.gov

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 10/01/2019.

Barbara K. Cegavske
BARBARA K. CEGAVSKE
Secretary of State

SECRETARY OF STATE



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