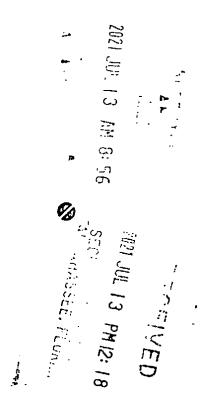
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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 900643 4362065

AUTHORIZATION :

COST LIMIT : \$ÚĴ\$≤∕00

ORDER DATE : July 12, 2021

ORDER TIME : 5:25 PM

ORDER NO. : 900643-005

CUSTOMER NO: 4362065

FOREIGN FILINGS

NAME: DIAMOND ELITE ESTATES LLC

XXXX QUALIFICATION (TYPE: <u>LL</u>)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX_____ CERTIFIED COPY
_____ PLAIN STAMPED COPY
____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT# 61594

EXAMINER:

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

IN COMPILANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

name unavailable, enter alternate n	ame adopted for the purpose of transacting business in Flo	orida. The alternate nam	e must include "Limited Lial	bility Company," "L. L.C," or
New York		3.	(FEI number	
(Jurisdiction under the law of w	hich foreign limited liability company is organized)		(FEI number	r, if applicable)
	(Date first transacted business in Florida, if prior to a (See sections 605,0904 & 605,0905, F.S. to determine	registration)		
042 E 045 C4	(See sections 605,0904 & 605,0905, F.S. to determine		04L C44	
913 E. 8th Street		913 E. 8th Street 6. (Mailing Address)		
Casa Grande, AZ 85		Casa Gr	ande, AZ 85122	
Name and street addres	s of Florida registered agent: (P.O. Box	NOT acceptable	E)	2021 JUI: 13
				-
Name:	Corporation Service Company			<u>C</u>
Name: Office Address:	Corporation Service Company 1201 Hays Street			13 AH 8

Registered agent's acceptance:

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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Corporation Service Company

By: Cylun A Different Segnature (Registered agent's signature)

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]: Title or Capacity: Title or Capacity: Name and Address: Name and Address: Name: ____ Name: ■ Manager □Manager 913 E. 8th Street □Member □Member Address: Casa Grande, AZ 85122 **Authorized** □ Authorized Person Person □Other_____ Other _____ Other____ □Other_ □Manager Name: □Manager Name: _____ □Member Address: Address: □Member ☐ Authorized □ Authorized Person Person □Other Other_ □Other ____ Other____ □Manager Name: □Manager Name: _____ Address: _____ Address: _____ □Member □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. AND Signature of an authorized person Yehoishiah Rubin

Typed or printed name of signee

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, ROSSANA ROSADO, Secretary of State of the State of New York and custodian of the records required by law to be filed i my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of thi certificate, the following entity information is reflected:

Entity Name: DIAMOND ELITE ESTATES LLC

DOS ID Number: 5472497

Entity Type: DOMESTIC LIMITED LIABILITY COMPANY

Entity Status: EXISTING

Date of Initial Filing with DOS: 01/10/2019

Statement Status: CURRENT Statement Due Date: 01/31/2023

No information is available from this office regarding the financial condition, business activity or practices of this entity.



WITNESS my hand and official seal of the Department of State, at the City of Albany, on July 12, 2021 at 05:07 P.M.

ROSSANA ROSADO, Secretary of State

By Brendan C. Hughes

Brandon C Hylan

Executive Deputy Secretary of State

Authentication Number: 100000090080 To Verify the authenticity of this document you may access the Division of Corporation's Document Authentication Website at