FULL DOOD 309/

TO: Registration Section
Division of Corporations
SUBJECT: 2. NIAMOND INC.
(Name of corporation - must include suffix)
Dear Sir or Madam:
The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida" "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.
Please return all correspondence concerning this matter to the following:
(Name of Person)
Mame of Person) L. D.AMOND INC. (Firm/Company)
6 Office PARK Circle - SUITE 100
(Address)
BIZMINGHAM , ALABAMA 35223 \$ 5
(City/State and Zip code)
9000043973891
For further information concerning this matter, please call: -06/11/0101094003 ******87.50 *****87.50
SAM DIAMOND at (205) 879-616) (Name of Person) (Area Code & Daytime Telephone Number)
(Name of Person) (Area Code & Daytime Telephone Number)
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines St. Tallahassec. FL 32399 MAILING ADDRESS: Registration Section Division of Corporations P.O. 80x 6327 Tallahassec, FL 32314
Enclosed is a check for the following amount:
☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & ☐ \$78.75 Filing Fee & ☐ \$87.50 Filing Fee. Certificate of Status Certified Copy Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA. 1.		
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" words or abbreviations of like import in tanguage as will clearly indicate that it is a corporation instead of a matural person or partnership if not so contained in the name at present.) 2. **MAMA** (State or country under the law of which it is incorporated) 4. **MODE TO MALLICATION** (Duration: Mear before will cease to exist or "perpetual") 6. **MODE TO MALLICATION** (Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.") (SEE SECTIONS 607.1501, 607.1502 and 817.155. F.S.) 7. **MODE TO MALLICATION** (Principal office address) **SAM2** (Current mailing address) 8. **MODE TELETION** (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) P. Name and street address of Florida registered agent; (P.O. Box or Mail Drop Box NOT acceptable) Name: C T Corporation System Office Address: 1200 South Pine Island Road Plantation , Florida 33324		
words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of an antural person or partnership if not so contained in the name at present.) 2.		
(State or country under the law of which it is incorporated) (FEI number, if applicable) (Poste of incorporation) (Duration: A cart forp, will cease to exist or "perpetual") (Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.") (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.) (Principal office address) (Principal office address) (Current mailing address) (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) (Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable) Name: CT Corporation System Office Address: 1200 South Pine Island Road Plantation , Florida 33324		
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Plantation , Florida 33324		
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, 1011111		
(City)		
(Zip code)		
10. Registered agent's acceptance:		
Having been named as registered agent and to accept service of process for the above stated corporation at the place		
lesignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity.		
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.		
DALE W. MORRIS		
ASSISTANT VICE PRESIDENT		
(Registered agent's signature)		

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

A. DIRECTORS

12. Names and business addresses of officers and/or directors:

Chairman:	
Address:	
Vice Chairman:	
Address:	
Director:	T SE SULL FILL
Address:	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Director:	FIST 35
Address:	<u> </u>
B. OFFICERS President: SAM DIAMOND Address: 3352 HELINITAGE ROAD BIRMINGUAM, ALABAMA 35223 Vice President: BLAD RIWALDS Address: 2570 ACTON ROAD #107 BIRMINGUAM, AL 35223	
BILMINEARAM, AL 35223	
Secretary:	
Address:	
Treasurer:	
Address:	
NOTE: If necessary, you may attach an addendum to the application listing additional	officers and/or directors.
13. (Signature of Chairman, Vice Chairman, or any officer listed in number	12 of the application)
14. BrAD LUMBUDG - V.f.	
(Typed or printed name and capacity of person signing applicat	tion)

STATE OF ALABAMA

I, Jim Bennett, Secretary of State of the State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the domestic corporation records on file in this office disclose that R. Diamond, Inc. incorporated in Jefferson County, Birmingham, Alabama on August 16, 1993. I further certify that the records do not disclose that said R. Diamond, Inc. has been dissolved.



In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the City of Montgomery, on this day.

May 25, 2001

Date

In Bennin

Jim Bennett

Secretary of State