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(((H21000244644 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ALEXANDER ALMONTE, ESQ/I INCORPORATE LTD

Account Number : I20070000019

Phone

: (518)689-1212

Fax Number

: (518)432-0742

**Enter the email address for this business entity to be used for futl annual report mailings. Enter only one email address please.

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FOREIGN PROFIT/NONPROFIT CORPORATION ROYAL DIADEM, INC

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$78.75

Electronic Filing Menu

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June 23, 2021

FLORIDA DEPARTMENT OF STATE

ALEXANDER ALMONTE, ESQ/I INCORPORATE LTD.

SUBJECT: ROYAL DIADEM, INC

REF: W21000091082

We have received your document for ROYAL DIADEM, INC . However, the enclosed document has not been filed and is being returned to you for the following reason(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Suzanne Hawkes Regulatory II

FAX Aud. #: H21000244644 Letter Number: 321A00014230

NY Good Standing 15 2 pages now. Indpape 15 Quettentication page. All infoig P.O BOX 6327-Tallahassee, Florida 32314 On there

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT **BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Royal Diadem, i (Enter name of co	opporation; must include "INCORPORATED, orp," "Inc," "Co," or "Corp.")	" "COMPANY," "CORPORATION,"	
(If name unavaila	ble in Florida, enter alternate corporate name	adopted for the purpose of transacting	business in Florida)
2. New York	_ 3.	(FEI number, if appl	
(State or country			icable)
4. 01/17/2 01 7	5.	81-5042799	
	of incorporation)	(Date of duration, if other than perpetual)	
6. Upon Registratio	on		
o	(Date first transacted business (SEE SECTIONS 607.1501 & 607.1	n Florida, if prior to registration) 502, F.S., to determine penalty liability	· ')
3200 Armour Ter	race, North Port, FL 34291		
/	(Principal of	lice street address)	
		•	
	(Current maili	ng address, if different)	20
8. Name and stree	et address of Florida registered agent: (P.	O. Box <u>NOT</u> acceptable)	
	Halyna Stupnytska		2021 JUN 23 PM 2: 5: SEDRE PARK OF STAT
Name:			
Office Address:	3200 Annour Terrace		
	North Port	Florida 34291	5. F. S. J.
	(City)	, Florida 34291 (Zip code)	53 건설:
			• •
9. Registered age	al ac expictored agent and to accent ser.	ice of process for the above stated	corporation at the place
Andrew mend in this	- analication - Livershy account the annoint	ment as registerea avent unu uxtes	to not in this cabacal.
further agree to c	omply with the provisions of all statutes	relative to the proper una complete	performance of my autie
and I am familiar	with and accept the obligations of my p	OSMIDII US TEGISIETEN USEIN	
	<i>a</i>		
	x Gilmil		
_	(Registered agent's	signature)	-
	certificate of existence duly authenticated	ما معمد سند من المام	ivery of this application to

under the law of which it is incorporated.

the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

^{11.} For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS			P. J. Granden		
☐ Chairman	Name:	□ Chairman	Name:		
□ Vice Chairman	Address:	□Vice Chairman	Address: 3200 Armour Terrace		
Director	North Port, FL 34291	■ Director	North Port, FL 34291		
President		□President			
□Vice President		■Vice President			
☐ Secretary	☐ Treasurer	□Secretary	Treasurer		
Other	Other	□Other	□Other		
Chairman	Name:	□ Chairman	Name:		
□Vice Chairman	Address:	□Vice Chairman	Address:		
□Director		Director			
☐ President		□President			
□Vice President		□Vice President			
Secretary	□Treasurer	□ Secretary	□Treasurer		
Other	Other	□Other	Other		
□ Choirman	Name:	□Chairman	Name:		
	Address:	□Vice Chairman	Address:		
☐ Director		Director			
□President		□President			
□Vice President		□Vice President			
☐ Secretary	□Treasurer	Secretary	Treasurer		
Other	Other	Other	Other		
individuale may be	Use an attachment to report more than six (6). The added to the index when filing your Florida Depa	rtment of State Annual Re	pott min.		
12	Signatura of three	tor or Officer			
Signature of prector or Officer The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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. Halyna Stupnytska, President					

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 in 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 this certificate, the following entity information is reflected:

Entity Name:

ROYAL DIADEM, INC

DOS ID Number:

5069105

Entity Type:

DOMESTIC BUSINESS CORPORATION

Entity Status:

EXISTING

Date of Initial Filing with DOS:

01/17/2017

Statement Status:

PAST DUE DATE

Statement Due Date:

01/31/2019

I certify that the following is a list of documents on file in the Department of State for said entity:

Document Type:

CERTIFICATE OF INCORPORATION

Date of Filing:

01/17/2017

Entity Name:

ROYAL DIADEM, INC

Above space is left blank intentionally.

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 June 22, 2021 at 12:25 P.M.

ROSSANA ROSADO, Secretary of State

Brandon C Heyles

By Brendan C. Hughes
Executive Deputy Secretary of State

Authentication Number: 100000016333 To Verify the authenticity of this document you may access the Division of Corporation's Document Authentication Website at

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