F24000002177

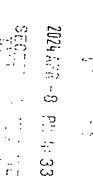
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					





300427020813

94/08/24--01021--001 ••78.75





COVER LETTER

	tion Section of Corporations			
SUBJECT: D	iat, Inc.			
SUBJECT:	Name	of corporation -	must include suffix	
Dear Sir or Mada	ım:			
"Certificate of Ex	oplication by Foreign Co sistence," or "Certificate foreign corporation to t	of Good Stand	Authorization to Transact B ling" and check are submitt s in Florida.	usiness in Florida," ted to register the
Please return all o	correspondence concern	ing this matter	to the following:	
Anna M. Chagnon				
		Name of I	Person	
Chagnon Law				
		Firm/Com	pany	
2 Wagon Trail				
		Addre	ess	
Lakeville, MA 023-	17			
		City/State as	nd Zip code	
anna@chagnonlaw.	com	•	•	
	E-mail addres	s: (to be used f	or future annual report no	tification)
For further inform	ation concerning this r	natter, please o	all:	
Anna M. Chagnon		339 at (236-4062	
Name of	Person	Area Cod	e Daytime Teleph	one Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
	k for the following am ayable to: FLORIDA D ee	EPARTMENT 1g Fee &	FOF STATE ■ \$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee, Certificate of Status Certified Copy

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.

lawana	ailable in Florida, enter alternate corporate nam		
tate or cour	atry under the law of which it is incorporated)	(FEI number, if applic	able)
06/2023			
(Date of incorporation)		(Date of duration, if other than perpetual)	
(,	(izate of daration, if dark inse	p
	(SEE SECTIONS 607.1501 & 607.	in Florida, if prior to registration) 502, F.S., to determine penalty liability)	
Lincoln R	oad, Suite 500, Miami Beach, Florida 33139		
		fice <u>street</u> address)	
	(Principal of		
	(Principal of	fice street address) ng address, if different)	
	(Principal of (Current mail	ng address, if different)	
	(Principal of (Current mail) eet address of Florida registered agent: (P.	ng address, if different)	
	(Principal of (Current mail	ng address, if different)	65
me and <u>stre</u> Name:	(Principal of (Current mail) eet address of Florida registered agent: (P.	ng address, if different)	(0 (1) (20)
ne and stre	(Principal of (Current mails eet address of Florida registered agent: (P. Sylvia Cherem 1111 Lincoln Road, Suite 500	ng address, if different) O. Box NOT acceptable)	
ne and <u>stre</u> Name:	(Principal of (Current mails eet address of Florida registered agent: (P. Sylvia Cherem 1111 Lincoln Road, Suite 500	ng address, if different)	

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

under the law of which it is incorporated.

10. 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

A. DIRECTORS						
□ Chairman	Name:	□ Chairman	Name:			
□Vice Chairman	Address:	□Vice Chairman	Address:			
■ Director	Miami Beach, FL 33139	□Director				
■ 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	<u></u>			
□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			
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.						
12	Sylva Ca					
Signature of Director 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. Sylvia Cherem, President						

Page 1



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "DIAT INC." IS DULY INCORPORATED UNDER

THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A

LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE

SHOW, AS OF THE FIRST DAY OF APRIL, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DIAT INC." WAS INCORPORATED ON THE SIXTH DAY OF JULY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

e at corp delaware gov/auti

Authentication: 203150663

Date: 04-01-24