# F24000004430

(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 Filling Officer					





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08/18/24--01026--004 \*\*70.00

2024 AP3 16 PH 4: 57

### **COVER LETTER**

TO:	Registration Section Division of Corporations			
SHRI	ECT: DelGatto Diamond Finance In	termediary Vo	chicle, Inc.	
SUD		f corporation	- must include suffix	_
Dear S	Sir or Madam:			
"Certi		of Good Star	Authorization to Transact Business in Florida," ading" and check are submitted to register the ess in Florida.	
Please	return all correspondence concernir	ng this matter	to the following:	
Christ	y Snow			
		Name of	Person	_
Corpo	rations & Companies, Inc.			
		Firm/Con	npany	_
900 F	DULK ROAD, SUITE 201			
		Addr	ess	_
Wilmi	ngton, DE 19803			
		City/State a	nd Zip code	_
info@	corpco.com			
	E-mail address:	(to be used	for future annual report notification)	_
For fu	rther information concerning this ma	atter, please o	call:	
CHRI	STY SNOW	at (	652-4800	
	Name of Person	Area Cod		
	STREET/COURIER ADDRESS Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	<b>3</b> :	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Please	sed is a check for the following amo make check payable to: FLORIDA DE 0.00 Filing Fee	PARTMENT 3 Fee & [	☐ OF STATE ☐ \$78.75 Filing Fee & ☐ \$87.50 Filing Fee. Certified Copy Certificate of State 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.

DelGatto Diamond Finance Intermediary Vehicle, Inc.						
	orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"				
(If name unavail	able in Florida, enter alternate corporate name ac	lopted for the purpose of transacting business	in Florida)			
DELAWARE 2.	3.	88-3304317				
(State or countr	3	(FEI number, if applicable)				
08/24/2021						
(Date	of incorporation)	(Date of duration, if other than perpe	tual)			
6.						
	(Date first transacted business in I (SEE SECTIONS 607.1501 & 607.150					
7. 256 Worth Avenu	ne, Suite 210, Palm Beach, FL 33480					
	(Principal office	street address)	<del></del>			
	(Current mailing	address, if different)				
8. Name and <u>stree</u> Name:	et address of Florida registered agent: (P.O. Paracorp Incorporated	Box <u>NOT</u> acceptable)	Zuzh AUG			
	155 Office Plaza Drive 1s: Floor		16			
Office Address:		<del></del>	<u> </u>			
		, Florida				
	(City)	(Zip code)	5			
9. Registered ago	ent's acceptance:		7			

Having been named as registered agent and to accept service of process for the above stated corporation 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.

(Registered agent's signature)

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 under the law of which it is incorporated.

#### A. DIRECTORS Name: \_\_\_\_\_ Christopher Del Gatto □ Chairman **OChairman** 256 Worth Avenue, Suite 210 256 Worth Avenue, Suite 210 Address: □ Vice Chairman Address □ Vice Chairman Palm Beach, FL 33480 Palm Beach, FL 33480 **■** Director ■ Director □ President President ■ Vice President ☐ Vice President □ Secretary ☐Treasurer ☐ Secretary □Treasurer □Other \_\_\_\_\_\_ □Other \_\_\_\_\_ □ Other \_\_\_\_\_ Other \_\_\_\_ □Chairman Name: \_\_\_\_\_ Chairman Name: \_\_\_\_\_ □Vice Chairman □Vice Chairman Address: \_\_\_\_\_ Address: \_\_\_\_\_\_ Director Director \_ .\_\_\_ ☐ President President : □ Vice President ☐ Vice President ☐Treasurer □ Secretary ☐ Secretary □Treasurer □Other \_\_\_\_\_ □Other \_\_\_\_\_ Other \_\_\_\_ Other \_\_\_\_\_ □Chairman Name: Name: \_\_\_\_\_\_ □ Chairman □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 attachy ent to report source than six (6) The machinism will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when Jung your Florida Department of State Annual Report form. Signatural 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 focument to the Department of State constitutes a third degree felony as provided for in 5.817.155, F.S. Christopher Del Gatto, President

Page 1

# Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "DELGATTO DIAMOND FINANCE INTERMEDIARY

VEHICLE, 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

FIFTEENTH DAY OF AUGUST, 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 "DELGATTO DIAMOND FINANCE INTERMEDIARY VEHICLE, INC." WAS INCORPORATED ON THE TWENTY-FOURTH DAY OF AUGUST, A.D. 2021.

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

Authentication: 204170620

Date: 08-15-24

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