M230000135

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





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COVER LETTER

TO:	Registration Section Division of Corporations	
CHDI	DIAMANTE INVESTMENTS LLC ECT:	
SUBJ		Name of Limited Liability Company
		lity Company for Authorization to Transact Business in Florida," Certificate of ove referenced foreign limited liability company to transact business in Florida.
Please	return all correspondence concerning this matt	ter to the following:
	SORAYA MEIRA	
		Name of Person
	BELLA FLORIDA CONSULTINO	G LLC
	-	Firm/Company
	7802 KINGSPOINTE PKWY STE	203
		Address
	ORLANDO, FL 32819	
		City/State and Zip Code
	E-mail address: (t	o be used for future annual report notification)
For fu	rther information concerning this matter, please	e call:
	SORAYA MEIRA	407 491-4189 at ()
	Name of Contact Person	Area Code Daytime Telephone Number
	Mailing Address:	Street Address:
Registration Section		Registration Section
	Division of Corporations	Division of Corporations
	P.O. Box 6327 Tallahassee, FL 32314	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810
	Tananassee, FL 32314	Tallahassee, FL 32303
	Enclosed is a check for the following amount Please make check payable to: FLORIDA E \$125.00 Filing Fee \$130.00 Filing Certifica	DEPARTMENT OF STATE



June 3, 2023

SORAYA MEIRA 7802 KINGSPOINTE PKWY STE 203 ORLANDO, FL 32819

SUBJECT: DIAMANTE INVESTMENTS LLC

Ref. Number: W23000077850

We have received your document for DIAMANTE INVESTMENTS LLC and your check(s) totaling \$100.00. However, the enclosed document has not been filed and is being returned for the following correction(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.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Tracy L Lemieux Regulatory Specialist II

Letter Number: 723A00012645

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

IN COMPILANCE WITH SECTION 605 0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

me unavailable, enter alternate	name adopted for the purpose of transacting business in Fl	lorida. The altern	nate name must include "Limited Liabi	lity Company," "L.L.C." o
EXAS STATE			-2083666	
Jurisdiction under the law of w	high foreign limited hability company is organized)	-J. <u> </u>	(FEI number,	it applicable)
5/11/2023				
	(Date first transacted business in Florida, it prior to (See sections 605 0904 & 605 0905, F.S. to determi	registration.) ine penalty liabi	hty)	
17 VERONICA CIRC			VERONICA CIRCLE	
Address of Principal Office)		ti,	(Mailing Address)	
OCOEE, FL 34761		OC	OEE, FL 34761	
ame and <u>street addre</u> s	ss of Florida registered agent: (P.O. Box	NOT acce	eptable)	
Name and <u>street addres</u>	ss of Florida registered agent: (P.O. Box BELLA FLORIDA CONSULTING LI		eptable)	
		l.C	eptable)	2pr3 /
Name:	BELLA FLORIDA CONSULTING LI 7802 KINGSPOINTE PKWY STE 200	LC	32819	58.3 1 []
Name:	BELLA FLORIDA CONSULTING LI 7802 KINGSPOINTE PKWY STE 200	LC	· · · · · · · · · · · · · · · · · · ·	2823 1 - 1 A:

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: Name and Address: Title or Capacity: Name and Address: Name: CARLOS HENRIQUE CASSIMI Name: ANNA MARIANA BRAHAM OI Manager | ■ Manager 717 VERONICA CIRCLE 717 VERONICA CIRCLE ☐ Member Address: ☐ Member OCOEE, FL 34761 OCOEE, FL 34761 □ Authorized □Authorized Person Person Other ☐ Other □Other □ □Other___ □ Manager □ Manager Name: ☐ Member Address: _____ ☐ Member Address: DoctrodbiA □ Authorized Person Person □ Other Other Other □Other__ □ Manager Name: _____ ☐ Manager Name: ____ ☐ Member Address: ____ ☐ Member Address: ___ □ Authorized Person Penson ☐ 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 8.817.155, F.S. CARLOS HENRIQUE CASSIMIRO

Typed or present come of signer

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Jane Nelson Secretary of State

Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Diamante Investments LLC (file number 805020899), a Domestic Limited Liability Company (LLC), was filed in this office on April 18, 2023.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on June 29, 2023.



Phone: (512) 463-5555

Prepared by: SOS-WEB

Jane Nelson Secretary of State

Fax: (512) 463-5709 Dial: 7-1-1 for Relay Services TID: 10264 Document: 1262427700002

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