N2000008766

(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:			
wau- 23835			

Office Use Only



200348544382

07/22/20 -01020 -008 -**128.75

FILED

2020 AUG 12 PM 4: 06

SECRETARY OF STATE ARIBA

: 1:2:20

NOT FOR PROFIT CERTIFICATE OF DOMESTICATION

Th	e undersigned, Acche Mourice Smth President (Name) (Title) Dia mond Life United Services Inc. a foreign Corporation (Corporation Name)			
οf	(Name) (Title)			
01,	(Corporation Name)			
in accordance with section 617.1803, Florida Statutes, does hereby certify:				
1.	1. The date on which corporation was first formed was Watch, 2010.			
2.	·			
came into being was				
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was Diamond Life United Services, Inc.				
4.	. The name of the corporation, as set forth in its articles of incorporation, to be filed pursuant to			
	s. 617.01201 and 617.0202 with this certificate is D_1 a mond l_2 free			
	United Services Inc			
5.	,			
 Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 617.1803. 				
Iam President of Diamond Life United Services, Inc				
and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done				
so this the $\frac{S^{+}}{}$ day of $\frac{JU/y}{}$. $\frac{2020}{}$.				
Cloke Maure South				
(Authorized Signature)				
	Filing Fee: Certificate of Domestication SECRETARY Filing Fee: S50.00 Filing Fee:			
	Filing Fee: Certificate of Domestication Articles of Incorporation and Certified Copy Total to domesticate and file Filing Fee: \$50.00 \$78.75 \$128.75			

ARTICLES OF INCORPORATION

In compliance with Chapter 617, F.S. (Not for Profit)

ARTICLE I NAME	
The name of the corporation shall be:	
Diamond Life United	Services Tho
ARTICLE II PRINCIPAL OFFICE	·
The principal place of business/mailing address shall be:	
Principal Address	Mailing Address
III Arrowhead lane Po	Box 953
Haines City, FL 33844 1-lai	nes City FL 33845
ARTICLE III PURPOSE The purpose for which the corporation is organized:	
To provide quality and co	1
to/ women and children	uno have been
Victimized in a manner	
and independence; helpi	og victime to hear
and transform into empo	urred individuals
who contribute to th	e community
Services include emer	consider Shall
relocation, transitional	
clothing, jobs, and cov	
All services are bases	,
50 pps=+.	
•	

ARTICLE IV MANNER OF ELECTION			
The manner in which the directors are elected or appo	inted:		
By election	every three(3) years		
The name(s) and address(es) and specific title(s):	OR OFFICERS		
Title/Name	Title/Name		
Archie Mourice Smith	Treasurer Ashley A. Figueiredo		
Title/Name	Title/Name		
Theresa M. Figueiredo			
Title/Name	Title/Name		
Secretary. Gail Y Smith			

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Archie Mourice Smith

111 Arrowhead Lane
Haines City, FL 33844

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Archie Mourice Smith
III Arrownead Lone
Haines City, FL 33844