

P89800022948

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

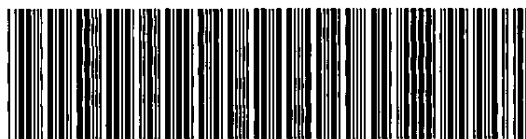
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2009 MAR 11 P 2:29

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## COVER LETTER

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

**SUBJECT:** DIAMOND MITIGATIONS, INC

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☒ \$70.00      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status

**ADDITIONAL COPY REQUIRED**

**FROM:** MELANNY ORREGO

Name (Printed or typed)

2560 CHAPALA DR

Address

KISSIMMEE, FL 34746

City, State & Zip

(407) 218-3404

Daytime Telephone number

**NOTE: Please provide the original and one copy of the articles.**

# ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

## ARTICLE I NAME

The name of the corporation shall be:

DIAMOND MITIGATIONS, INC.

## ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

111 E. Monument Ave, Suite 306  
Kissimmee, FL 34741

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

MITIGATIONS, LOAN MODIFICATION

## ARTICLE IV SHARES

The number of shares of stock is:

ONE (1)

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

MELANNY ORREGO  
PRESIDENT  
2560 CHAPALA DR  
KISSIMMEE, FL 34746

## ARTICLE VI REGISTERED AGENT

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

MELANNY ORREGO  
2560 CHAPALA DR  
KISSIMMEE, FL 34746

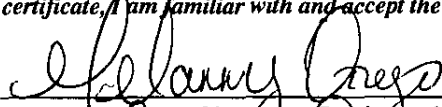
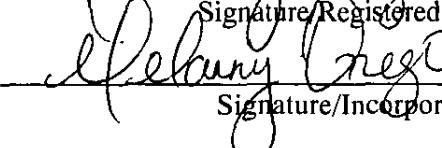
## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

MELANNY ORREGO  
2560 CHAPALA DR  
KISSIMMEE, FL 34746

\*\*\*\*\*

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

  
\_\_\_\_\_  
Signature/Registered Agent  
  
\_\_\_\_\_  
Signature/Incorporator

03/03/09  
\_\_\_\_\_  
Date  
03/03/09  
\_\_\_\_\_  
Date

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2009 MAR 11 P 2:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA