

P10000669317

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2010 AUG 23 AM 9:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Shivers AUG 24 2010

## COVER LETTER

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

**SUBJECT:** Tarheel Diamond 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  
Filing Fee

☒ \$78.75  
Filing Fee  
& Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

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

**ADDITIONAL COPY REQUIRED**

**FROM:** Timothy Ray Conn

Name (Printed or typed)

1865 SW Lofgren AVE

Address

Port Saint Lucie, FL 34953

City, State & Zip

(561)350-7760

Daytime Telephone number

tconn83@yahoo.com

E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

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**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:

Tarheel Diamond Inc.

### **ARTICLE II PRINCIPAL OFFICE**

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

1865 SW Lofgren AVE

Port Saint Lucie, FL 34953

### **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To conduct business in Florida.

### **ARTICLE IV SHARES**

The number of shares of stock is:

100

### **ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

Timothy Ray

Conn-President

### **ARTICLE VI REGISTERED AGENT**

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

Timothy Ray Conn

1865 SW Lofgren AVE Port Saint Lucie, FL 34953

### **ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Timothy Ray Conn

1865 SW Lofgren AVE Port Saint Lucie, FL 34953

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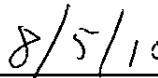
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*



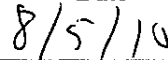
Signature/Registered Agent



Signature/Incorporator



Date



Date