P10000074010

(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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APPROVED AND FILED
10 SEP -7 PM 2:32
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Ps 9/9/10

COVER LETTER

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

SUBJECT: All Diamond Alternatives 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: Samantha Tronolone
Name (Printed or typed)

1000 Douglas Ave 167
Address

Altamonte Springs, FL 32714
City, State & Zip

407-619-7642
Daytime Telephone number

TASamantha@gmail.com
E-mail address: (to be used for future annual report notification)

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)

APPROVED AND FILED

10 SEP -7 PM 2:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

All Diamond Alternatives Inc.

ARTICLE II PRINCIPAL OFFICE

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

1000 Douglas Ave Apt 167
Altamonte Springs, FL 32714

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

"Professional Corporation"

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):

Dominic Tronolone (President)
2895 Parkview Ct.
Deltona, FL 32738

Samantha Tronolone (Sec., VP)
1000 Douglas Ave 167
Altamonte Spgs, FL 32714

ARTICLE VI REGISTERED AGENT

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

Samantha Tronolone
1000 Douglas Ave 167
Altamonte Springs, FL 32714

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Samantha Tronolone
1000 Douglas Ave 167
Altamonte Springs, FL 32714

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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 — Date: 9/1/10

Signature/Incorporator — Date: 9/1/10