

713000018835

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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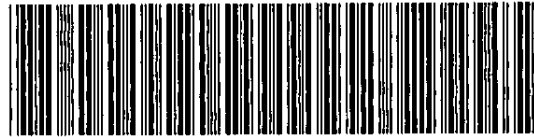
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Stivers FEB 27 2013

COVER LETTER

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

SUBJECT: Diamantaire Management, 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: ADAM L. POTTER, ESQ.

Name (Printed or typed)

790 W. Sam Houston Parkway N., Suite 202

Address

Houston, Texas 77024

City, State & Zip

713-341-2740

Daytime Telephone number

apotter@synergylawptrs.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)

ARTICLE I NAME

The name of the corporation shall be: Diamantaire Management, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

10312 Bloomingdale Avenue

Riverview, Florida 33578

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The purpose for which the Corporation is organized is to engage in any or all lawful acts,
activities or business for which a for-profit corporation may be organized under the laws of the state of Florida.

ARTICLE IV SHARES

The number of shares of stock is: TEN THOUSAND (10,000)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Basmajian V. Grant, Director & President

Name and Title: Yvonne Grant, Director, VP & Treasurer

Address: 10312 Bloomingdale Avenue
Riverview, Florida 33578

Address: 10312 Bloomingdale Avenue
Riverview, Florida 33578

Name and Title: Kimberly Blackmon, Secretary

Name and Title: _____

Address: 10312 Bloomingdale Avenue
Riverview, Florida 33578

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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(conti.)

Name and Title: _____ Name and Title: _____
Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: NRAI Services, Inc.
Address: 515 East Park Avenue
Tallahassee, Florida 32301

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ADAM L. POTTER, ESQ.
Address: 790 W. Sam Houston Parkway N., Suite 202
Houston, Texas 77024

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

Eileen Chadlock

Required Signature/Registered Agent
Eileen Chadlock, Special Asst. Secretary

2/14/2013

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

[Signature]

Required Signature/Incorporator

2/18/13

Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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