

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
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15 MAR 30 AM 11:40
STATE OF FLORIDA
DIVISION OF CORPORATIONS

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
BLUE DIAMOND VENTURES INC.**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

MD 4/11



March 31, 2015

FLORIDA DEPARTMENT OF STATE

Division of Corporations

LAZARUS CORPORATE FILING SERVICE, INC.

SUBJECT: BLUE DIAMOND VENTURES INC.
REF: W15000022093

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name of the entity must be identical throughout the document.

If you have any further questions concerning your document, please call (850) 245-6052.

Maryanne Dickey
Regulatory Specialist II
New Filing Section

FAX And. #: H15000078603
Letter Number: 215A00006333

ARTICLES OF INCORPORATION H15000078603
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME: The name of the corporation is:

Blue Diamond Ventures INC.

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

8520 SW 149 Ave
Apt 1002
Miami FL 33193

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ARTICLE III SHARES: The number of shares of stock is: 100

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

Ariel Anchia (P)
Miguel Anchia (D)
Fernando Ambros (D)

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and Florida street address (PO Box not acceptable) of the registered agent is:

Ariel Anchia
8520 SW 149 ave Apt 1002
Miami FL 33193

ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:

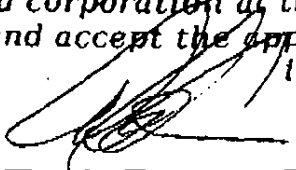
Ariel Anchia
8520 SW 149 ave Apt 1002
Miami FL 33193

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Required Signatures:

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



Registered Agent_____
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.



Incorporator_____
Date

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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