

SEP/14/2015/MON 02:34 PM

FAX No.

P. 001/003

P/500022074947

Division of Corporations
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H15000220786 3)))



H150002207883ABC+

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From: Account Name : EXPRESS CORPORATE FILING SERVICE INC.
Account Number : I20000000146
Phone : (305)444-4994
Fax Number : (305)444-4977

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

Email Address: _____

FILED
15 SEP 14 PM 7:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 SEP 14 PM 4:02

**FLORIDA PROFIT/NON PROFIT CORPORATION
WHITE DIAMOND CENTER CORP**

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

SEP-15 2015
S. GILBERT

Electronic Filing Menu

Corporate Filing Menu

Help

SEP/14/2015/MON 02:34 PM

FAX No.

P. 002/003

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

FILED
15 SEP 14 PM 7:54

ARTICLE I NAME

The name of the corporation shall be: WHITE DIAMOND CENTER CORP

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2260 SW 8 ST STE 300

MIAMI, FL 33135

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFULL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: HUGO MARTIN ESPINOSA (P)

Name and Title: _____

Address 2260 SW 8ST STE 300

Address: _____

MIAMI, FL 33135

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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: HUGO MARTIN ESPINOSA
Address: 2260 SW 8ST STE 300
MIAMI, FL 33135

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: HUGO MARTIN ESPINOSA
Address: 2260 SW 8ST STE 300
MIAMI, FL 33135

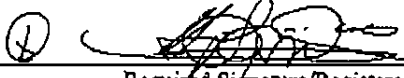
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

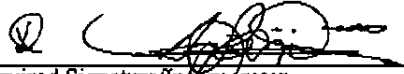
(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

 09/11/2015
Required Signature/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.

 09/11/2015
Required Signature/Incorporator Date