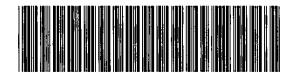
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(Requ	uestor's Name)			
(Address)				
(Addr	ess)			
(City/	State/Zip/Phor	ne #)		
PICK-UP	☐ WAIT	MAIL		
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(Document Number)				
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W16-059584



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 29, 2016

DIANE HOFFMAN 26418/9 KINGS RD. BONITA SPRINGS, FL 34135

SUBJECT: DIAMOND DI DISCOVERIES

Ref. Number: W16000059584

We have received your document for DIAMOND DI DISCOVERIES and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Thomas Chang Regulatory Specialist II New Filing Section

Letter Number: 016A00018305

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Thomas Chang Regulatory Specialist II New Filing Section

Letter Number: 016A00018305

www.sunbiz.org

COVER LETTER

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

SUBJECT:	DIAMOND Di DISC	OVERIES TE NAME – <u>MUST INCLI</u>	INF CHERIV
	(PROPOSED CORPORA	TE NAME – <u>MUST INCLU</u>	DE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	icles 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 CO	PY REQUIRED
FROM:		S RN Address	
	BONITA SPRINGS City,	FL 34135 State & Zip	
	239-248-0 Daytime T	elephone number	
DIAMONDIDISCOVERIES @GNAIL.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)

The name of the corporation shall be: DIAMOND	Di Discoveries, INC
ARTICLE II PRINCIPAL OFFICE Principal street address	Mailing address, if different is:
26418/9 KINGS RD	
BONTA SPRINGS FL 34135	<u></u>
ARTICLE III PURPOSE The purpose for which the corporation is organized is:	_ شه
Cluise AGENT	5 VISI
Book Ceuisés	
	1.11
Book AND ESCORT TOURS	
	<u>8</u>
	8: 40 ATIONS
	5
Name and Title: DIANE HOFFMAN - DIR Address 24418 9 KINGS RT BONITA SPRINGS, FL	Name and Title: Address:
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 <u>name and Florida street address</u> (P.O. Box NOT acceptable) of	the registered agent is:
Name: DIANE HOFFMAN	
Address: 26418 9 KINGS RD.	
BOUTA SPRINGS FL 34135	<u> </u>
	VISE VISE
ARTICLE VII INCORPORATOR	SE SEC
The <u>name and address</u> of the Incorporator is:	OF CO
Name: DIANE HOFFMAN	OT IN
	AM 8:
Address: 26418 9 KINGS RD	ATIO
BONTA SPRINGS FL 34135	0 0 1 5
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 days after the filing.)	be more than five business days prior or 90 business
Note: If the date inserted in this block does not meet the applicable the document's effective date on the Department of State's records.	statutory filing requirements, this date will not be listed as
Having been named as registered agent to accept service of process this certificate, I am familiar with and accept the appointment as reg	istered agent and agree to act in this capacity
Diana VIII	17 Aug 2016
Required Signature/Registered Agent	Date
I submit this document and affirm that the facts stated herein are document to the Department of State constitutes a third degree felon	true. I am aware that the false information submitted in a
Diane Loll	17 Aug 2016
Required Stenature/Incorporator	Date