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Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : FANJUL CPA, INC.
Account Number : I20130000039
Phone : (305)603-8791
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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
DIAMOND MARINE SERVICE UPHOLSTERY CORP

Certificate of Status	0
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Page Count	01
Estimated Charge	\$70.00

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ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: DIAMOND MARINE SERVICE UPHOLSTERY CORP**ARTICLE II PRINCIPAL OFFICE**Principal **street** address1852 NW 21ST STREETMIAMI, FL 33142

Mailing address, if different is:

1852 NW 21ST STREETMIAMI, FL 33142**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: 1000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: LAZARO SERRANO-P

Name and Title: _____

Address 1852 NW 21ST STREET

Address: _____

MIAMI, FL 33142

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: LAZARO SERRANO
Address: 1852 NW 21 STREET
MIAMI, FL 33142

ARTICLE VII INCORPORATOR

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

Name: LAZARO SERRANO
Address: 1852 NW 21 STREET
MIAMI, FL 33142

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 days prior or 90 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.

Required Signature/Registered Agent

8/26/19

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.

Required Signature/Incorporator

8/26/19

Date