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(Requestor's Name)			
(Address)			
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PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			





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COVER LETTER

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

SUBJECT: 10	B OIAMONO CO (PROPOSED CORPORA	RP.	
	(PROPOSED CORPOR)	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	ticles of incorporation and	d a check for:
\$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee. Certified Copy & Certificate of Status
		ADDITIONAL CO	
FROM:	THOMAS C. St.	e (minedyor typen)	
	18351 Caul	<u>Field Rd</u> Address	
	Spring Hill City.	FL 34610 State & Zip	
	737-63 Daytime T	E - 4183 Telephone number	
	E-mail address: (to be use	d for future annual report i	iotilication)

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: \(\int B \) DIAMOND (ORPi_	
ARTICLE II PRINCIPAL OFFICE Principal street address [8 35] Conffeld Red	Mailing address, if different is:	
Spring Hill FL 34610	New Port Richey, FL 34653	
ARTICLE III PURPOSE The purpose for which the corporation is organized is: 10 STAR COMPANY, TO EXPAND IN TIME INVESTMENT COMPANYS AND		
	20 FEB 1	
ARTICLE IV SHARES The number of shares of stock is: / ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS	D PM 2: 26 Sielfterba	
Name and Title: //OMA: (, DKASCEY JR No	ime and Title:	
Address		
Spiny 1111 FL 34610		
Name and Title: Corroll Ready No.	nme and Title:	
	ddress:	
Name and Title: Anie Gendreau Na	ime and Title:	
Address , December Andrews Ac		
Wew Post Richey FL 34653		

Address	Address:	
ARTICLE VI REGISTERED AC	$rac{GENT}{gss}$ (P.O. Box NOT acceptable) of the registers	ed agent is:
	C. REASLEY VR	
Address: 18351	Cauti-ld Rd	
- Jing	14,11 FC 34610	20 F
ARTICLE VII INCORPORATO	<u>R</u>	ALLAS H
The name and address of the Incorp	porator is:	TO F
Name: IHOWIS	C. Directy JR	PM 2:
Address: <u>[835]</u>	Cauliild Rd	26 NDA
<u> Sp., v</u>	3 Hill PL 34616	·
ARTICLE VIII EFFECTIVE DA	<u>1TE:</u>	
Effective date, if other than the date	of filing; late must be specific and cannot be more th	_, (OPTIONAL) ban five days prior or 90 days after the
filing.)	rate must be specific and cannot be more to	iait nye days primi in 20 days areet ine
Note: If the date inserted in this blothe document's effective date on the	ock does not meet the applicable statutory fili e Department of State's records.	ing requirements, this date will not be listed a
	igent to accept service of process for the abound accept the appointment as registered agen	
Minus C. Lewshy	y K/1116 WH C. Lews/M O Signature/Registered Agent	1/R
	that the facts stated herein are true. I am a te constitutes a thjrd degree felony as provide	
Thum Co Gensto	Cy IR / 110 WM (. DK/150)	EYSK 9/13/19
/ required Signature med	Missium /	/ / / / / /

Name and Title: Name and Title: