

Division of Corporations

P20000072843

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 : FANJUL ENTERPRISES LLC
Account Number : I20190000080
Phone : (305)603-8791
Fax Number : (877)503-6086

****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 CLEANING USA CORP**

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

2020 SEP 17 AM 10:24
2020 SEP 17 AM 11:44
STATE OF FLORIDA
DIVISION OF CORPORATIONS

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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 CLEANING USA CORP**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

1261 SE 28TH CT UNIT 102HOMESTEAD, FL 33035**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESSES**ARTICLE IV SHARES**The number of shares of stock is: 1000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: RACHELI REYES / P

Name and Title: _____

Address 1261 SE 28TH CT UNIT 102

Address: _____

HOMESTEAD, FL 33035

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

2020 SEP 17 AM 10:21
STATE
OFFICE, FL

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: RACHELI REYES
Address: 1261 SE 28TH CT UNIT 102
HOMESTEAD, FL 33035

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: RACHELI REYES
Address: 1261 SE 28TH CT UNIT 102
HOMESTEAD, FL 33035

ARTICLE VIII EFFECTIVE DATE:

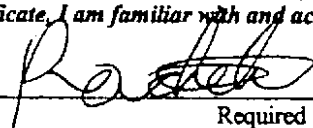
Effective date, if other than the date of filing: _____ (OPTIONAL)

(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

X



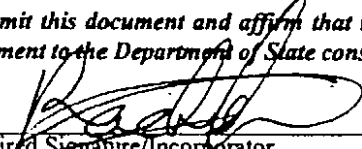
Required Signature/Registered Agent

09/16/2020

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.

X



Required Signature/Incorporator

09/16/2020

Date

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DEPARTMENT OF STATE
HOMESTEAD, FL