

P21000092447

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

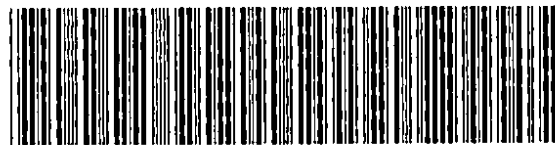
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer.

Office Use Only



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2021 OCT 26 PM 1:04  
SECRETARY OF STATE  
TALLAHASSEE, FL

2021 OCT 26 AM 11:59  
TALLAHASSEE, FL

# Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312

(850) 656-4724

DATE 10/26/2021

**\*\*WALK IN\*\***

ENTITY NAME DIAMOND EXPRESS ONE INC.

DOCUMENT NUMBER \_\_\_\_\_

**\*\*PLEASE FILE THE ATTACHED AND RETURN\*\***

XXXXXXX

*Plain Copy*

*Certified Copy*

*Certificate of Status*

**\*\*PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY\*\***

*Certified Copy of Arts & Amendments*

*Certified Copy of Arts & Amendments Complete File (Including Annual Reports)*

*Certificate of Status*

*Certificate of Status Reflecting: \_\_\_\_\_*

**\*\*APOSTILLE' / NOTARIAL CERTIFICATION\*\***

COUNTRY OF DESTINATION \_\_\_\_\_

NUMBER OF CERTIFICATES REQUESTED \_\_\_\_\_

TOTAL OWED \$ 70.00

ACCOUNT # 120160000072

*W: C D*

*Please call Tina at the above number for any issues or concerns. Thank you so much!*

## COVER LETTER

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

SUBJECT: Diamond Express One Inc  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☒ \$70.00      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status

**ADDITIONAL COPY REQUIRED**

FROM: Harbor Compliance  
Name (Printed or typed)

1830 Colonial Village Lane  
Address

Lancaster, PA 17601  
City, State & Zip

717-210-5263  
Daytime Telephone number

corporate@harborcompliance.com  
E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**

FILED

2021 OCT 26 PM 1:04

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

SECRETARY OF STATE  
TALLAHASSEE, FL

**ARTICLE I NAME**

The name of the corporation shall be: Diamond Express One Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

15350 Amberly Dr. Unit 4414

Tampa, FL 33647

Mailing address, if different is:

15350 Amberly Dr.

Unit 4414

Tampa, FL 33647

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: FEDEX Routes

**ARTICLE IV SHARES**

The number of shares of stock is: 1000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: William M. Yeatts/President

Address: 15350 Amberly Dr. Unit 4414

Tampa, FL 33647

Name and Title: William M. Yeatts, Director

Address: 15350 Amberly Dr. Unit 4414

Tampa, FL 33647

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

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: Registered Agents Inc  
Address: 7901 4th St N Ste 300  
St Petersburg, FL 33702

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: William M. Yeatts  
Address: 15350 Amberly Dr.  
Tampa, FL 33647

**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.)

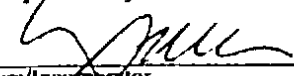
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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

10/04/2021  
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

10/04/2021  
Date

RECEIVED  
2021 OCT 26 PM 1:04  
SECRETARY OF STATE  
TALLAHASSEE, FL