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Office Use Only

FLORIDA RESEARCH & FILING SERVICES, INC. 1211 CIRCLE DR TALLAHASSEE, FL 32301

PH: 850-524-4381

PLEASE FILE THE ATTACHED ARTICLES FOR:

1. DIAMANTE ELECTRICO INC.

PLEASE RETURN A CERTIFIED COPY

CHECK# 9266 FOR: \$157.50 (\$78.75 for this filing)

THANK YOU!



FLORIDA DEPARTMENT OF STATE **Division of Corporations**

May 18, 2022

FLORIDA RESEARCH

SUBJECT: DIAMANTE ELECTTRICO INC Ref. Number: W22000064747

We have received your document for DIAMANTE ELECTTRICO INC and the check(s) totaling \$157.50. However, the enclosed document has not beek field and is being returned for the following correction(s):

This one has c/o Citrin Cooperman.

Please return 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.

Neysa Culligan Regulatory Specialist III

Letter Number: 522A00011337

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www.sunbiz.org

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

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ARTICLE I NAME The name of the corporation shall be: DIAMANTE ELECTRICO INC

ARTICLE II PRINCIPAL OFFICE

Principal street address 50 ROCKEFELLER PLAZA, 4TH FLOOR NEW YORK, NY 10020

Mailing address, if different is: c/o CITRIN COOPERMAN 50 ROCKEFELLER PLAZA, 4TH FLOOR

NEW YORK, NY 10020

<u>ARTICLE III PURPOSE</u> The purpose for which the corporation is organized is: <u>MUSIC PRODUCTIONS</u>

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<u>ARTICLE IV – SHARES</u>

The number of shares of stock is: 10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	DANIEL ALVAREZ MEJIA - PRES.	Name and Title	MARIA DEL PILAR LOPEZ - TREAS.
Address	c/o CITRIN COOPERMAN	Address:	c/o CITRIN COOPERMAN
	50 ROCKEFELLER PLAZA, 4TH	FLOOR	50 ROCKEFELLER PLAZA , 4TH FL
	NEW YORK, NY 10020		NEW YORK, NY 10020
Name and Title:	JUAN D. GALEANO - SECRETARY	Name and Title	JUAN D. GALEANO - DIRECTOR
Address	c/o CITRIN COOPERMAN	Address:	c/o CITRIN COOPERMAN
	50 ROCKEFELLER PLAZA, 4TH	FLOOR	50 ROCKEFELLER PLAZA, 4TH FL
	NEW YORK, NY 10020		NEW YORK. NY 10020
Name and Title:	·		
Address	c/o CITRIN COOPERMAN	Address:	
	50 ROCKEFELLER PLAZA, 4TH	FLOOR	
	NEW YORK, NY 10020		

Name and 1	fitle:	_ Name and Title:	
Address	• 	_ Address:	
	· <u> </u>	<u> </u>	
	<u> </u>		
	<u>CGISTERED AGENT</u> ida street address (P.O. Box NOT acceptable) o	f the registered agent is:	
Name:	REGISTERED AGENT SOLUTION	<u>S</u> , INC.	
Address:	155 OFFICE PLAZA DRIVE, SUITE A	_	S : 12
-	TALLAHASSEE, FL 32301	_	SECRE D TALLA
<u>ARTICLE VII IN</u>	CORPORATOR		
The <u>name and addr</u>	ress of the Incorporator is:		
Name:	CELESTE RHINE	_	STATE STATE
Address:	P.O. BOX 92095	_	
	HENDERSON, NV 89009		

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.)

<u>Note:</u> 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

<u>5/16/2022</u> 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

5/16/2022

Date