

P2400004160
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document

((H24000406722 3)))



H240004067223ABC.

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

S. CHATHAM
DEC 10 2024

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 THERAPY SERVICES CORP

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

RECEIVED

2024 DEC 10 PM 5:07

SECRETARY OF STATE
TALLAHASSEE, FL

SECRETARY OF STATE
TALLAHASSEE, FL

2024 DEC 10 PM 7:08

FILED

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

EFFECTIVE DATE 1/01/25

ARTICLE I NAME: The name of the corporation is:

Diamond Therapy Services Corp

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

1250 SW AVE Suite 302 miami FL
33135

ARTICLE III SHARES: The number of shares of stock is: 100

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

Racheli Reyes - P

FILED
2024 DEC 10 PM 7:08
SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and Florida street address (PO Box not acceptable) of the registered agent is:

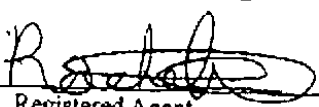
Racheli Reyes
1250 SW 27 AVE Suite 302 miami FL
33135

ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:

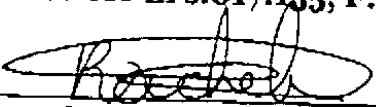
Racheli Reyes
1250 SW 27 AVE Suite 302 miami FL
33135

Required Signatures:

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

 _____
Registered Agent 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 8.817.155, F.S.

 _____
Incorporator Date

FILED
2024 DEC 10 PM 7:08
SECRETARY OF STATE
TALLAHASSEE, FL