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Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : KML MULTISERVICES CORP
Account Number : I20200000044
Phone : (786)537-3766
Fax Number : (305)402-3837

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: kmlmultiservicescorp@gmail.com

**FLORIDA PROFIT/NON PROFIT CORPORATION
DIAMOND LUX SERVICES CORP**

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FLORIDA

COVER LETTER

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

SUBJECT: DIAMOND LUX SERVICES CORP**(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: JOSE MIGUEL SALAZAR DELGADO**

Name (Printed or typed)

8249 NW 36TH ST SUITE 212

Address

DORAL FLORIDA 33178

City, State & Zip

786-813-7886

Daytime Telephone number

kmlmultiservicescorp@gmail.com

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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 LUX SERVICES CORP**ARTICLE II PRINCIPAL OFFICE**Principal street address8249 NW 36TH ST SUITE 212DORAL FLORIDA 33178

Mailing address, if different is:

SAME**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: ALL LAWFUL BUSINESS**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and title: JOSE MIGUEL SALAZAR DELGADO Name and Title: PRESIDENTAddress 8249 NW 36TH ST SUITE 212DORAL, FL 33166

Address: _____

Name and Title: JONATHAN TOLEDOName and Title: VPAddress 8249 NW 36TH ST SUITE 212DORAL, FL 33166

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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Name and Title: _____ Name and Title: _____
 Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: KATHERINE CAICEDO
 Address: 8249 NW 36TH ST SUITE 212
DORAL FL 33166

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: JOSE MIGUEL SALAZAR DELGADO
 Address: 8249 NW 36TH ST SUITE 212
DORAL FL 33166

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 DEPARTMENT OF STATE
 TALLAHASSEE, FLORIDA
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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*

KATHERINE CAICEDO 01/13/2022
 Required Signature/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 s.817.155, F.S.

JOSE MIGUEL SALAZAR DELGADO 01/13/2022
 Required Signature/Incorporator Date

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