P06000011696

(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: Pat Hamaica GAVE AUTHORIZATION BY, PHONE TO CORRECT UTUCLO TO DATE 1/26/06 DOC. EXAM DIRECT

Office Use Only



900064117079

01/23/06--01012--022 **78.75

SECRETARY OF STATE OF CORPORATIONS OF CORPORATIONS

me Jac

COVER LETTER

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

SUBJECT: DIVI	NG UNLIMITED (PROPOSED CORPORA)	INC.		
	(PROPOSED CORPORA)	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)	
Enclosed are an original and one (1) copy of the articles of incorporation and a check for:				
\$70.00 Filing Fee	▼\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM: PAT HAMMER				
Name (Printed or typed)				
7865 PINES BLVD				
Address				
PEMBROKE PINES, FL 33024				
City, State & Zip				
708 226-1614 Daytime Telephone number				
(Daytine Letephone tidition				

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

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

DIVING UNLIMITED INC

06 JAN 23 PM 3:55

PRINCIPAL OFFICE ARTICLE II

The principal place of business/mailing address is:

7685 PINES BLVD

PEMBROKE PINES, FL 33024

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

SCUBA INSTRUCTION

ARTICLE IV SHARES

The number of shares of stock is:

100.000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

PAT HAMMER, PRESIDENT

SHERYL HAMMER, SEC/TREAS

REGISTERED AGENT ARTICLE VI

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

PAT HAMMER

7685 Pines Blvd.

Pembroke Pines, FL

33024

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

PAUL HOLLENBECK, CPA

288 BARNEY DR.

JOLIET. IL 60435

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