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(Requestor's Name)					
(Address)					
(Address)					
(0	city/State/Zip/Phone #)				
PICK-UP	WAIT MAIL				
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificates of Status				
Special Instructions to Filing Officer:					
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Diverse Service Name of corporation - must	Corporation include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for Author "Certificate of Existence," or "Certificate of Good Standing" above referenced foreign corporation to transact business in Fl	and check are submitted to register the
Please return all correspondence concerning this matter to the	following:
Name of Person	
Diverse Service Corpor	nation
Diverse Service Corpor 1101 NE 19th Fer	ţ
CAPE CONAL F1 3390	9
CAPE CORAL F1 3390 City/State and Zip SQUALIS1@ ProtoNMAIL. COR	
E-mail address: (to be used for futu	re annual report notification)
For further information concerning this matter, please call:	
Steve Qualls at (615) Name of Person Area Code	388-4992 Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
	FATE 5 Filing Fee & \$87.50 Filing Fee, fied Copy Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

Diverse Service Corporation					
	(Enter name of corporation; must include "INCORPORATED," "				
	"Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")				
	(If name unavailable in Florida, enter alternate corporate name ado	pted for the purpose of transacting business in Florida	a)		
2	Delaine				
2.	Deleware (State or country under the law of which it is incorporated)	(FFI number if applicable)	_		
	Composition of the law of which it is incorporated)	(1 151 humber, if applicable)			
4.	$\frac{9 - \lambda 5 - 1995}{\text{(Date of incorporation)}}$ 5.		_		
	(Date of incorporation)	(Date of duration, if other than perpetual)			
6,					
	(Date first transacted business in Fl				
	(SEE SECTIONS 607.1501 & 607.1502,				
7.	1101 NE 19th ter CAPO	E CORAL FL. 33909			
•	(Principal office	street address)			
	(Current mailing a	ddress, if different)	_		
8	Name and street address of Florida registered agent: (P.O. E	Box NOT accentable)			
.,,	Vol. D. I	3			
	Name: YUN DINH				
_	a we want to the ter	-			
U	ffice Address: HOLNE 11 7CK	<u> </u>			
	Cape Conal	Florida 3 3909	٠ ا		
	(City)	(Zip code)			

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

A. DIRECTORS							
Chairman	Name: Yen Ngoc Thi Dinh	□Chairman	Name: Steven Fric Quals				
□Vice Chairman	1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1	□Vice Chairman	Address: 461 Difficult 8d				
□Director	Cape Coral FL 33909	□Director	Pleasant Shack TN				
□President		President	37145				
□Vice President		□Vice President					
Secretary	Treasurer	□Secretary	Treasurer				
□Other	Other	Other	Other				
□Chairman	Name:	□Chairman	Name:				
□Vice Chairman	Address:	□Vice Chairman	Address:				
□Director		Director					
□President		□President					
□Vice President		□Vice President					
□Secretary	□Treasurer	□Secretary	□Treasurer				
Other		□Other	□Other				
			•				
□Chairman	Name:	□Chairman	Name:				
□Vice Chairman	Address:	□Vice Chairman	Address:				
□Director		□Director	<u> </u>				
□President		□President	· .				
□Vice President		□Vice President					
□Secretary	Treasurer	□Secretary	□Treasurer				
□Other	Other	Other	Other				
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 12. Impl Signature of Director or Officer							
The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.							
13. Yen Dinh + reasured (Typed or printed name and capacity of person signing application)							

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "DIVERSE SERVICE CORPORATION" IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS

OF THIS OFFICE SHOW, AS OF THE FOURTH DAY OF DECEMBER, A.D. 2020.

Authentication: 204229204

Date: 12-04-20