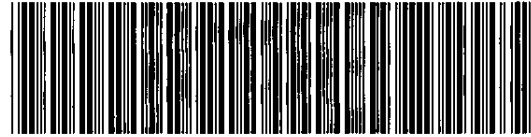


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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. Burch MAY 20 2011

COVER LETTER

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

SUBJECT: Diane's Lighthouse, Incorporated  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is 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

\$87.50  
Filing Fee,  
Certified Copy  
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Diane M. Pomeranke  
Name (Printed or typed)

13369 N Indian River Drive  
Address

Sebastian, FL 32958  
City, State & Zip

772-539-1048  
Telephone number

dianemfix@hotmail.com  
E-mail address: (to be used for future annual report notification)

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

**ARTICLES OF INCORPORATION**  
In compliance with Chapter 617, F.S., (Not for Profit)

**ARTICLE I NAME** Diane's Lighthouse, Inc.  
The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address Mailing address, if different is:  
13369 N Indian River Dr \_\_\_\_\_  
Sebastian, Fl 32958 \_\_\_\_\_  
\_\_\_\_\_

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is:  
Provide light and protection to women suffering from bipolar illness who are in the recovery process. Providing them with a free place to recover in safety and comfort for 6 months to 1 year, will enable them to accept the illness and maintain a normal life.

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed:  
Self appointed

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**  
Name and Title: Diane M. Pomeranke, President Name and Title: Helene C Fix, Vice President  
Address: 13369 N Indian River Dr Address: 13365 N Indian River Dr  
Sebastian, Fl 32958 Sebastian, Fl 32958  
\_\_\_\_\_  
Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**  
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:  
Name: Diane M Pomeranke  
Address: 13369 N Indian River Dr  
Sebastian, Fl 32958  
\_\_\_\_\_

**ARTICLE VII INCORPORATOR**  
The name and address of the Incorporator is:  
Name: Helene C Fix  
Address: 13365 N Indian River Dr  
Sebastian, Fl 32958  
\_\_\_\_\_

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2011 MAY 20 PM 4: 51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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:

Diane Pomeranke \_\_\_\_\_ 5/17/11 \_\_\_\_\_  
Required Signature of Registered Agent Date

I submit this document and affirm that the facts stated herein are true. I am aware that any 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.

Helene C. Fix \_\_\_\_\_ 5-14-11 \_\_\_\_\_  
Required Signature of Incorporator Date