# P00000003790

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

Working Divers, Inc.
(Proposed corporate name - must include suffix) **SUBJECT:** Enclosed is an original and one(1) copy of the articles of incorporation and a check for: \$70.00 □ \$78.75 **□**\$78.75 \$87.50 Filing Fee Filing Fee Filing Fee Filing Fee, & Certificate of Status & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED Constance J. Polzin Name (Printed or typed) Riveredge Dr Stuart, Florida City, State & Zip

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

Daytime Telephone number

561 223-6450 or 561 878-9704



# ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

### ARTICLE I NAME

The name of the corporation shall be:

Working Divers, Inc.

# ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

501 S.W. Riveredge Dr. Stuart, Florida 34994

### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

20,000

# ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Constance J. Polzin 501 S.W. Riveredge Dr. Stuart, Florida 34994

### ARTICLE V INCORPORATOR

The <u>name and address</u> of the incorporator to these Articles of Incorporation are:

Constance J. Polzin 501 S.W. Riveredge Dr. Stuart, Florida 34994

Signature/Incorporator

January 5, 5000

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the poligations of my position as registered agent

Signature/Registered Agent

Date