Barry Nichols	0006	4568
4966 Timber Ridge Trail Ocoee, FL 34761 City/State/Zip Phone #	,	OO JUN 21 AN II: 49 SECRETARY OF STATE TALLAHASSEE. FI COME
407-299-9498 CORPORATION NAME(S) & DOCUME	NT NUMBER(S), (if kno	ice Use Only EFRECTIVE DATE
1. (Corporation Name)	(Document #)	-06/21/0001101024 ****122.50 *****78.75
Corporation Name) (Corporation Name)	(Document #)	. 4
4(Corporation Name) Walk in Pick up time	(Document #)	Certified Copy
Mail out Will wait	Photocopy	Certificate of Status
NEW FILINGS Profit Not for Profit Limited Liability Domestication Other	AMENDMENTS Amendment Resignation of R.A., Change of Registere Dissolution/Withdra Merger	d Agent
OTHER FILINGS Annual Report	REGISTRATION/QUA	LIFICATION
Fictitious Name	☐ Limited Partnership ☐ Reinstatement ☐ Trademark ☐ Other	Examiner's Initials

EFRECTIVE DATE

ARTICLES OF INCORPORATION

- 1. The name of this corporation shall be: Unlimited Diversified Services, Inc.
- 2. The corporation may engage in any activity or business permitted under the laws of the United States and the laws of the State of Florida.
- 3. The amount of capital stock authorized is 200 shares of common stock having a par value of \$1.00 per share.
- 4. The amount of capital with which the corporation shall begin business is \$200.00.
- 5. The corporation is said to have perpetual existence, said existence to commence on JUNE 13, 2000.
- 6. The initial street address of the principal office of the corporation is: 4966 Timber Ridge Trail, Ocoee, FL 34761.
- 7. The corporation shall have two directors. The business of the corporation shall be managed by the stockholders and directors.
- 8. The name and address of the person signing the articles of incorporation is:

Barry Nicholson 4966 Timber Ridge Trail Ocoee, FL 34761

STATE OF FLORIDA COUNTY OF OF DEC

Before me, the undersigned authority, this day personally appeared Barry Nicholson, who, being first duly sworn, deposes and says that he has read the foregoing; that the facts and matters are true and correct and that he has executed the same for the purposes expressed therein. Barry Nicholson is well known to me or has produced a drivers license as proof of identification, License No.

Witness my hand and official seal this ______ day of ______, 2000.

Notary Public, State of Florida

My Commission Expires:



ARTICLES OF INCORPORATION DEPARTMENT OF STATE

Certificate designating place of business or domicile for the service of process within this State, naming agent upon whom process may be served and names and addresses of the Officers and Directors.
The following is submitted, in compliance with Chapter 48.091, Florida Statutes:

UNLIMITED DIVERSIFIED SERVICES, INC.

A corporation organized (or organizing) under the laws of the State of Florida with its principle office at 4966 Timber Ridge Trail, Ocoee, County of Orange, State of Florida, 34761 has named Barry Nicholson, located at 4966 Timber Ridge Trail, Ocoee, FL 34761, County of Orange, as its agent to accept service of process within this State.

OFFICERS:

Name:

Title:

Specific Address:

Barry Nicholson

Pres, Treas

4966 Timber Ridge Trail

Ocoee, FL 34761

Dana Robson

Secretary

6613 Imperial Oak Lane

Orlando, FL 32819

ACCEPTANCE:

I agree as Resident Agent to accept service of process; to keep my office open during prescribed hours; to post my name (and any other officers of said corporation authorized to accept service of process at the above Florida designated address) in some conspicuous place in office as required by law.

Barry Nicholson Resident Agent