TRANSMITTAL LETTER

Department of State Division of Corporat P. O. Box 6327 Tallahassee, FL 323	ons C	28	44	3
	ORTH FLORIDA Diversion (PROPOSED CORPORATE		RY OF STAT SSEE, FLORII	APPROVED FILED OI MAR 20 AM IO: 53
\$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	
FROM	P.O. Box	92 ddress	00038880 -03/20/01010	1 970 049001 *****87.50
		FL. 32430 State & Zip 3771 Elephone number	2001 MAR 20 AN IO: SUPPICIENCY OF FILING	RECEIVED DEPARTMENT OF STATE DIVISION OF CORPORATION

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 North Florida D The name of the corporation shall be:	Diversified, INC,
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: P.O. Box 92 CLARKS V. LLe, F	-C. 3742A
ARTICLE III PURPOSE The purpose for which the corporation is organized is:	
ARTICLE IV SHARES The number of shares of stock is:	
ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s) and address(es):	APPROVED FILED 01 MAR 20 AM 10: 53 SECRETARY OF STATE TALLAHASSEE, FLORIDA
ARTICLE VI REGISTERED AGENT	- 4
The name and Florida street address of the registered agent is:	
GARY LYNN DUNCA	7N
R+1, Box 786	
CLARKSUILLe, FL.	32430
ARTICLE VII INCORPORATOR The name and address of the Incorporator is:	Control of the Contro
- GARY LYNN DUN	4CAN -
P.O. Box 92	
CLARKSVILLE, FL.	32430

Having been named as registered agent to accept service of process for the above stated certificate, I am familiar with and accept the appointment as registered agent and agree	to orporation at the place designated in this to act in this capacity
for the state of t	3-20-01
Signature/Registered Agent	Date
Signature Registered rigoni	
Dary Lynn Dunean	3-20-01
Signature/Incorporator	Date