TRANSMITTAL LETTER POIODO 82240 artment of State sion of Corporations

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

SUBJECT:

Diversity Plus, Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFI

RECEIVED

DEPARTMENT OF STATE

DIVISION OF COMPORATIONS

Enclosed is an original and one(1) copy of the articles of incorporation and a check for:

\$70.00

□ \$78.75

Filing Fee

Filing Fee

& Certificate of Status

\$78.75

Filing Fee

& Certified Copy

\$87.50

Filing Fee,

Certified Copy

& Certificate of

Status

ADDITIONAL COPY REQUIRED

FROM: SANdy WAlker

Name (Printed or typed)

1717 N BAyShore Dr. # 3441

Miani, 7 33132

City, State & Zip

305-373-3423

Daytime Telephone number

200004547102--4 -08/21/01--01030--019 *****87.50 *****87.50

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

J23/2)



	In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)
	ARTICLE I NAME The name of the corporation shall be: Diversity Plus, Inc
	ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 555 NE 15th St. # 7733 Miamul 71 33132
	ARTICLE III PURPOSE The purpose for which the corporation is organized is: Lawful Business in the State of Flouri Range 2 ARTICLE IV SHAPES
	ARTICLE IV SHARES The number of shares of stock is: 500
ر۲	ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s) and address(es): SANDY WAIKER 1717 NBAYSHORE Dr. #3441 Muninifl Merline Joseph 1717 NBAYSHORE Dr. Mioni. H 33132
,	ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is: Sandy WAlker MIT N Bay Share Dr. # 3444 b Minni, 7133132
-	ARTICLE VII INCORPORATOR The name and address of the Incorporator is: SANGY WAIKER 1717 N BAY SLOVE Dr. # 3441 Manue, H 33132
1	**************************************
<u>ح</u>	Signature/Registered Agent Date
- 5	Signature/Incorporator Date

ARTICLES OF INCORPORATION