

TRANSMITTAL LETTER

P02000026740

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

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-03/05/02--01044--004
*****87.50 *****87.50

SUBJECT: Dianne M Morin, INC
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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 of
Status
ADDITIONAL COPY REQUIRED

FROM: Dianne M Morin
Name (Printed or typed)

1739 Shore Side Circle
Address

Wellington FL 33414
City, State & Zip

561 722-4429
Daytime Telephone number

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
02 MAR -5 AM 9:34

F. CHESSEY MAR 12

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

The name of the corporation shall be:

DIANNE M MORIN, INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1739 SHORESIDE CIRCLE
WELLINGTON, FL 33414

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

This corporation may engage in any activity or business permitted under the laws of the United States and of the Florida.

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

Dianne M Morin 1739 Shoreside Circle President
Wellington, FL 33414

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

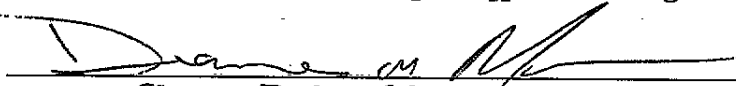
Dianne M Morin
1739 Shoreside Circle
Wellington, FL 33414

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

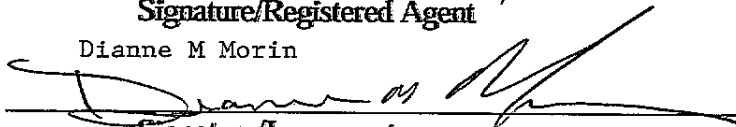
Dianne M Morin
1739 Shoreside Circle
Wellington, FL 33414

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


Signature/Registered Agent

Dianne M Morin

2/28/02
Date


Signature/Incorporator

Dianne M Morin

2/28/02
Date

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
02 MAR -5 AM 9:36