

PO2000084087  
TRANSMITTAL LETTER

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

100006869221--8  
-08/02/02--01016--015  
\*\*\*\*\*87.50 \*\*\*\*\*87.50

SUBJECT: Diakon Development Group, 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: John P. Izzo & Associates, Inc.

Name (Printed or typed)

773 South Indiana Ave.

Address

Englewood, FL 34223

City, State & Zip

(941) 473-2702

Daytime Telephone number

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

02 AUG -2 AM 9:44

FILED

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

me 8/5

# 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:

Diakon Development Group, Inc.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

655 North Indiana Ave  
Englewood, FL 34223

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Commercial Licensed General Contractor

## ARTICLE IV SHARES

The number of shares of stock is:

1000 Shares

## ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

Robert Eagar- President  
655 N. Indiana Ave  
Englewood, FL 34223

## ARTICLE VI REGISTERED AGENT

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

John P. Izzo  
773 South Indiana Ave.  
Englewood, FL 34223

## ARTICLE VII INCORPORATOR

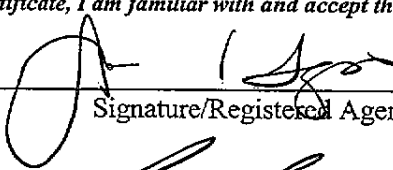
The name and address of the Incorporator is:

Robert Eagar  
655 North Indiana Ave  
Englewood, FL 34223


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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

\*\*\*\*\*

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

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

  
\_\_\_\_\_  
Date