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03 MAY 16 AM 10:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: Diversified Innovations 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: Diversified Innovations
Name (Printed or typed)

PO Box 880655
Address

Port St. Lucie, FL. 34988
City, State & Zip

561-741-4496
Daytime Telephone number

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

FILED

03 MAY 16 AM 10:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

Diversified Innovations Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

PO Box 880655
Port St. Lucie, FL. 34988

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any lawful purpose Allowable by law.

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

ARTICLE VI REGISTERED AGENT

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

Wayne C. Cinperman
300 NW Toscana Trail
Port St. Lucie, FL. 34986

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Wayne C. Cinperman
300 NW Toscana Trail
Port St. Lucie FL. 34986

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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: 5/9/03

Signature/Incorporator — Date: 5/9/03