

P05000017816

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600045427616

FILED
05 JAN 28 PM 2:30
CLERK OF STATE
TALLAHASSEE, FLORIDA

01/28/05--01038--004 **87.50

js
2-7

TRANSMITTAL LETTER

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

SUBJECT: DIVERSIFIED DOCUMENT SOLUTIONS, 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 DOCUMENT SOLUTIONS, INC.

Name (Printed or typed)

600 1/2 SILVERTON ST.

Address

ORLANDO, FL 32808

City, State & Zip

(407) 293-5322

Daytime Telephone number

FILED
05 JAN 28 PM 2:30
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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:

DIVERSIFIED DOCUMENT SOLUTIONS, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

600 1/2 SILVERSTON ST.
ORLANDO, FL 32808

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

DOCUMENT MANAGING, SCANNING, PAPER DESTRUCTION, PAPER STORAGE, VIRTUAL WAREHOUSING AND SOFTWARE

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

LISA LOVELACE - PRESIDENT
4125 SUNVIEW CT. - KISSIMMEE, FL 34746

CRAIG MEIXSELL - VICE PRESIDENT
516 WEXTON CT. - LAKE MARY, FL 32746

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

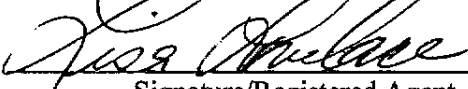
LISA LOVELACE
4125 SUNVIEW CT.
KISSIMMEE, FL 34746

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

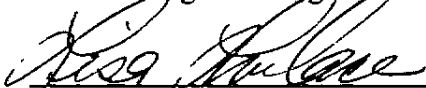
LISA LOVELACE
4125 SUNVIEW CT.
KISSIMMEE, FL 34746

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

1-26-05
Date



Signature/Incorporator

1-26-05
Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05 JAN 28 PM 2:30

FILED