

Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)205-0381

From:

Account Name : AGENTS AND CORPORATIONS, INC

Account Number : 120010000112 : (302)575-0875 Phone

Fax Number : (302)575-0925

FLORIDA PROFIT CORPORATION OR P.A.

DIVERSIFIED CAPITAL FUNDING, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
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2/23/2005

ARTICLES OF INCORPORATION OF DIVERSIFIED CAPITAL FUNDING, INC.

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE 1 NAME The name of the corporation shall be: DIVERSIFIED CAPITAL FUNDING, INC.		
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 2003 SE 5 th Street, Cap Coral, FL 33990) 8	
ARTICLE III PURPOSE The purpose for which the corporation is organized is to engage in any lawful a or activity for which corporations may be organized under the Florida Busines Corporations Act of the State of Florida.		
ARTICLE IV SHARES The number of shares of stock authorized to issue 1,500 shares of no procommon voting stock.	ar .	
ARTICLE V REGISTERED AGENT The name and Florida street address of the registered agent is Agents and Corporations, Inc., Suite E, 773 4 th Avenue North, Naples, Florida 34102.	See Line	
ARTICLE VI INCORPORATOR The name and address of the Incorporator is: David N. Williams, Esq., Suite E, 773 4 th Avenue North, Naples, Florida 34102.	05 FE	SECRI
ARTICLE VII OFFICERS/DIRECTORS The name and address of the Officer/Director is: Gerard J.M. Chin A Foeng, Dir., Pres., Sect. & Tres. 2003 SE 5 th Street Cape Coral, FL 33990	FEB 23 PM 3: 2	FILED ETARY OF STAT HASSEE, FLORI
**************************************	_	Øm >
Having been named as registered agent to accept service of process for the above stated corporation at till place designated in this certificate, I am familiar with and accept appointment as registered agent and agric oct in this capacity		
Dignature/Registered Agent Date 2/23/05 Date 2/23/05	<u>-</u>	
Dan 8 Lum 2/23/05		
Signature/Incorporator Date	_	