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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2-13-08  
AAA

## COVER LETTER

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

SUBJECT: DiMaria Resources, 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: Laraine DiMaria

Name (Printed or typed)

111 Briny Avenue, #910

Address

Pompano Beach, FL 33062

City, State & Zip

954-560-3590

Daytime Telephone number

**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:

**DiMaria Resources, Inc.**

## **ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

111 Briny Avenue,  
#910  
Pompano Beach, FL 33062

## **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Marketing - Planning - Communications

## **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):

Laraine DiMaria - President  
111 Briny Avenue  
#910  
Pompano Beach, FL 33062

Gaetano DiMaria - Vice President  
111 Briny Avenue  
#910  
Pompano Beach, FL 33062

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**ARTICLE VI REGISTERED AGENT**

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

Laraine DiMaria  
111 Briny Avenue  
#910  
Pompano Beach, FL 33062

**ARTICLE VII INCORPORATOR**

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

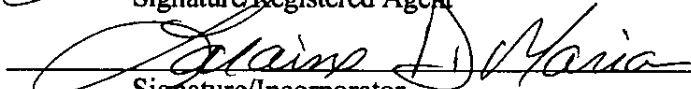
Laraine DiMaria  
111 Briny Avenue  
#910  
Pompano Beach, FL 33062

\*\*\*\*\*

*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

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