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| PICK-UP WAIT - MAIL | | | | |
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| Certified Copies . Certificates of Status | | | | |
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| Special Instructions to Filing Officer: | | | | |
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DB SEP 26 AM B:

B. McKnight SEP 2 9 2008

W08-43736

COVER LETTER

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

| SUBJECT: | NELSON Die | 17 SERI | Jices, | | |
|---|------------|--|--|--|--|
| (PROPOSED CORPORATE NAME – <u>MUST INCLUDE SUFFIX</u>) | | | | | |
| Enclosed are an original and one (1) copy of the articles of incorporation and a check for: | | | | | |
| \$70.00 Filing Fee | □ \$78.75 | \$78.75 Filing Fee & Certified Copy ADDITIONAL CO | \$87.50 Filing Fee, Certified Copy & Certificate of Status | | |
| FROM: NELSON DIA Z Name (Printed or typed) | | | | | |
| | 6850 West | | To 215 | | |
| | Hialah F | State & Zip | 0/4 | | |
| 22/26/200 | | | | | |

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

Daytime Telephone number



September 22, 2008

NELSON DIAZ 6850 WEST 16 DR APT. 215 HIALEAH, FL 33014

SUBJECT: NELSON DIAZ SERVICES, INC.

Ref. Number: W08000043736

We have received your document for NELSON DIAZ SERVICES, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain a registered agent with a Florida street address and a <u>signed</u> statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

A corporation may not act as its own incorporator. Please designate an individual, another active domestic or foreign corporation, with a street address.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6931.

Letter Number: 608A00050956

Becky McKnight Regulatory Specialist II New Filing Section

| In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) | |
|---|--------------------------------|
| ARTICLE I NAME The name of the corporation shall be: NEL SON DIAZ SENVICES, IMI | OB SEP 26 SECRETARI TALLAHASSE |
| ARTICLE II PRINCIPAL OFFICE The principal street address and mailing address, if different is: | AM 8: 0 |
| 6850 W 16Dn APTO 215 HIALEAN EL. 33014 ARTICLE III PURPOSE The purpose for which the corporation is organized is: | 8: 08 STATE LORIDA |
| ARTICLE IV SHARES 100 The number of shares of stock is: | , |
| ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): NELSON DIAZ (PRESEDENT/OWN 6850 W 16Dr AP70 215 HIALEAH FL 33014 | EN.) |
| ARTICLE VI REGISTERED AGENT | |
| The name and Florida street address (P.O. Box NOT acceptable) of the registe $NELSON$ DAZ . 6950 W 16 D $AP70$ 215 $HACEAH$ FL 33014 | red agent is: |
| ARTICLE VII INCORPORATOR | 8. |
| The <u>name and address</u> of the Incorporator is: NELSON DAL (850 W 16 DA APTO 215 | ` ° ` |
| Hialaph FC 33014. | ******* |
| Having been named as registered agent to accept service of process for the above stated corp certificate, I am familiar with and accept the appointment as registered agent and agree to act in | |
| 1 NELSON DIAZ | 9/8-08 |
| Signature/Registered Agent | 9/8-08 Date 9/8-08 |
| Signature/Incorporator | 9/8-08 Date |
| Signature/fittorporator | Dalie |