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\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

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(Business Entity Name)

\_\_\_\_\_  
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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
08 OCT 23 PM 3:18

gf 10/24/08

**COVER LETTER**

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 OCT 23 PM 3:18

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

**SUBJECT:** Diversified Strategies 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      ☒ \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                                    & Certificate of  
                                    Status

**ADDITIONAL COPY REQUIRED**

**FROM:** Dorothy G. McClintic

Name (Printed or typed)

200.5 Greymon Dr

Address

West Palm Beach FL 33405

City, State & Zip

561 659-4777

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)

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### **ARTICLE I NAME**

The name of the corporation shall be:

Diversified Strategies Inc

### **ARTICLE II PRINCIPAL OFFICE**

The principal street address and mailing address, if different is:

240 NE 6th Ave  
Boynton Beach FL33425

### **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Provide sales and marketing strategies, family and bereavement counseling and accounting services

### **ARTICLE IV SHARES**

The number of shares of stock is:

1000

### **ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

Dorothy G. McClintic 200.5 Greymon Dr WPB FL 33405 Pres./Sec./ Treas.

### **ARTICLE VI REGISTERED AGENT**

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

C. Bruce McClintic 211 Greymon Dr WPB FL 33405

### **ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

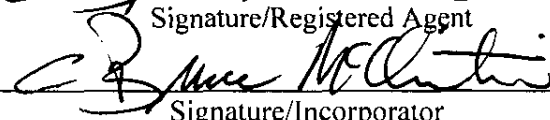
C. Bruce McClintic 211 Greymon Dr WPB FL 33405

\*\*\*\*\*

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



Signature/Incorporator

10/21/08

Date

10/21/08

Date