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(Requestor's Name)

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(City/State/Zip/Phone #)

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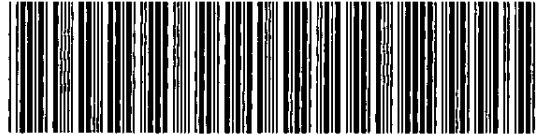
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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## COVER LETTER

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

**SUBJECT:** DIAMOND G ENTERPRISE, 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:** GAILE F. LOPERFIDO

Name (Printed or typed)

5098 BRIGHT GALAXY LANE

Address

GREENACRES, FL 33463

City, State & Zip

561-967-2405

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:

DIAMOND G ENTERPRISE, INC

**ARTICLE II PRINCIPAL OFFICE**

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

5098 BRIGHT GALAXY LANE  
GREENACRES, FL 33463

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

A GENERAL SERVICES COMPANY

**ARTICLE IV SHARES**

The number of shares of stock is:

600

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

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

GAILE F. LOPERFIDO 5098 BRIGHT GALAXY LANE, GREENACRES, FL. 33463 PRESIDENT  
ROBERT A. LOPERFIDO 5098 BRIGHT GALAXY LANE, GREENACRES, FL 33463 SECRETARY/TREASURER

**ARTICLE VI REGISTERED AGENT**

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

ROBERT A. LOPERFIDO  
5098 BRIGHT GALAXY LANE  
GREENACRES, FL 33463


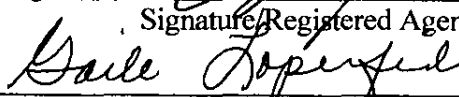
**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

GAILE F. LOPERFIDO  
5098 BRIGHT GALAXY LANE  
GREENACRES, FL 33463

\*\*\*\*\*

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

OCTOBER 30, 2008

Date

OCTOBER 30, 2008

Date

FILED  
08 NOV -4 AM 12:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA