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SECRETARY OF STATE
FALL BRIDGE, VA 22034

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APR 15 2011

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COVER LETTER

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

SUBJECT: LAWE DIVERSIFY GROUP 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

<input checked="" type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: OLAIDE O. AWE
Name (Printed or typed)

7471 N.W. 21st PLACE
Address

PEMBROKE PINES, FL. 33024
City, State & Zip

Daytime Telephone number

laideawe@yahoo.com ✓
E-mail address: (to be used for future annual report notification)

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: Lawe Diversify Group Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
7471 N.W. 21st Place
Pembroke Pines, FL 33024

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Auto retailing services.

ARTICLE IV SHARES

The number of shares of stock is: 500 Shares.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Olaide O Awe - PRESIDENT
Address: 7471 N.W. 21st PLACE
PEMBROKE PINES, FL 33024

Name and Title: _____
Address: _____

Name and Title: OLUYEMI LAWE - VICE PRESIDENT
Address: 7471 N.W. 21st PLACE
PEMBROKE PINES, FL 33024

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

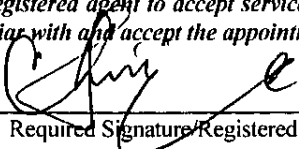
Name: CHARLES INIJE
Address: 3600 S. STATE RD 7 #2
MIRAMAR, FL 33023

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: OLAIDE O AWE
Address: 7471 N.W. 21st Place
Pembroke Pines, FL 33024

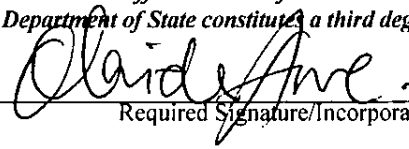
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity


Required Signature/Registered Agent

04/11/2011

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.


Required Signature/Incorporator

04/11/2011

Date

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TALLAHASSEE, FLORIDA

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