# 44690

(Requestor's Name)				
(Address)				
(Address)				
(Cit	y/State/Zip/Phon	e #)		
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificate:	s of Status		
Special Instructions to Filing Officer:				

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5/14/12

### COVER LETTER

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

SUBJECT: Diversified Sales and Service (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	of	
FROM: Lycia Barfield Name (Printed or typed)		
732 N.W. 5th Ct. Apt. 2 Address  Hallandak, F.L. 33009 City, State & Zip	12 MAY 11 PM	HOU SO NOISIAIC B AMEDICAL BATE
Daytime Telephone number  Than field - 81 Otahoo, com  E-mail address: (to be used for future annual report notification)	H 2: 00	) IF STATE PORATIONS

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



## FLORIDA DEPARTMENT OF STATE Division of Corporations

RECEIVED

12 MAY II AM II: 08

SECRECIA: OF STATE

April 27, 2012

LYDIA BARFIELD 732 NW 5TH CT. APT. 2 HALLANDALE, FL 33009

SUBJECT: DIVERSIFIED SALES AND SERVICE

Ref. Number: W12000016877 - -

We have received your document for DIVERSIFIED SALES AND SERVICE and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

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) 245-6052.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 612A00012926

12 MAY II PH 2: 00



### REGEIVES

12 APR 25 AM II: 52

### FLORIDA DEPARTMENT OF STATE PROPERTIONS Division of Corporations

April 12, 2012

LYDIA BARFIELD 732 NW 5TH CT. APT. 2 HALLANDALE, FL 33009

SUBJECT: DIVERSIFIED SERVICE AND SALES INC.

Ref. Number: W12000016877

We have received your document for DIVERSIFIED SERVICE AND SALES INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

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) 245-6052.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 712A00011636

TE MAY II PM 2. CO



REGEIVED 12 APR II PM 2: 07

### FLORIDA DEPARTMENT OF STATE Division of Corporations

TURSION OF CORPORATIONS

March 26, 2012

LYDIA BARFIELD 732 NW 5TH CT. APT. 2 HALLANDALE, FL 33009

SUBJECT: DIVERSIFIED SALES AND SERVICE

Ref. Number: W12000016877

We have received your document for DIVERSIFIED SALES AND SERVICE and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

#### Adding "of Florida" or "Florida" to the end of a name is not acceptable.

You have indicated in your document the ownership and percentages of the authorized shares. Please note this information is not required nor is it maintained by the Department of State. While we cannot require such, it is recommended that it be removed from the document. The only information needed for this filing is the number of authorized shares.

Please list the street address of each officer/director.

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

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.

12 MAY 11 PM 3. CO

CACAAPY OF STATE OF CORPORATIO If you have any questions concerning the filing of your document, please call (850) 245-6052.

Claretha Golden Regulatory Specialist II New Filing Section

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Letter Number: 012A00010181

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

SETRETARY

ARTICLE I'	NAME Diversified Service and corporation shall be:	Sales Inc.	SECRETARY TOF STATE STATES OF STATES
	•		12 MAY 11 PM 2: 00
ARTICLE II	PRINCIPAL OFFICE		Mailing address, if different is:
	Principal <u>street</u> address 732 N.W. 5th Ct. Apt.2		Maning address, if different is:
	Hallandale, FL 33009		
-			
ARTICLE III			
	which the corporation is organized is:		
remp. Servi	ce and Contractor		
ARTICLE IV	SHARES		
The number of sha	ares of stock is: SIOC		The second of th
ARTICLE V	INITIAL OFFICERS AND/OR DIRECTOR	· c	
Name and T	Title:Lydia Barfield "President"	Name and Title	::Timothy Barfield "Vice President"
Address:	732 N.W. 5th Ct. Apt. 2	Address:	732 N.W. 5th Ct. Apt. 2
	Hallandale, FL 33009		Hallandale, FL. 33009
	·	_	
Name and T	Title:	Name and Title	a.•
Address:	ine	_ Name and Title	
		_ 1100.000.	
		<del>-</del>	
NI	2.1	N. 17714	
Name and I Address:	itle:		
Address.			-
		<b>-</b>	
		_	
	REGISTERED AGENT		and the
Name:	orida street address (P.O. Box NOT acceptable) of Lydia Barfield	the registered age	ent is:
Address:	732 N.W. 5th Ct. Apt. 2	-	
	Hallandale, FL 33009	<b>-</b> -	J
ADMICE D THE	,	-	
	INCORPORATOR dress of the Incorporator is:		
Name:	Lydia Barfield		
Address:	732 N.W. 5th Ct. Apt. 2	=	
	Hallandale, FL. 33009	<del>-</del> -	
**	•		
	ed as registered agent to accept service of process		
mis cerujicuie, i di	m familiar with and accept the appointment as regi	siereu agent and	agree to act in this capacity
Philic	a chald		4/8/2012
-//19Mh	Provinced Signature/Parietared Agent		Thus
0 1	-vedanen siktivante vekisteten vikelit		Date
I submit/this docu	ument and affirm that the facts stated herein are	true. I am aware	that the false information submitted in a
document to the D	epartment of State constitutes a third degree felony	as provided for i	n s.817.155, F.S.
And die	s of solid		4/0/2012