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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20008000019

Phone : (305)552-5973

Fax Number

: (305)675-5944

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:			

## FLORIDA PROFIT/NON PROFIT CORPORATION FREEDOM DIVING SERVICES CORP.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

## ARTICLES OF INCORPORATION

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

<u>AF</u>	RTICLE I NAME: The name of the corporate	tion is:
FRI	EEDOM DIVING SER	VICES
	ARTICLE II PRINCIPAL OFFICE:	
	The principal street address and mailing addres	
	46 BLUEBELL ST. MIL	IUN.
FL	, 32583	·
		1/0 ()
CLE III	SHARES: The number of shares of stock is:	100
ARTICL		
/	MARCUS James Ha	4 CP,
		mrem and
TICLE V	INITIAL REGISTERED AGENT AND ST	
	orida street address (PO Box not acceptable) of	
	S James Hall	
8946	Blueball St.	
	a Fl. 32583	
<u> </u>	V III VAVI	
MCT E VA	INCORPORATOR: The name and address	of the Incorpò
Marc	us James Hall	
89116		

## Required Signatures:

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 familian with and accept the appointment as registered agent and agree to act in this capacity

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.