

P21000075445

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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**FLORIDA PROFIT/NON PROFIT CORPORATION
DIVERPLACE, INC**

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

2021 AUG 23 PM 3:42

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

DIVERPLACE, INC

The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICEPrincipal street address

350 FAIRWAY CIRCLE

Mailing address, if different is:

350 FAIRWAY CIRCLE

WESTON, FL 33326

WESTON, FL 33326

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

100

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: P: ABELARDO A. SABA K.

Name and Title: _____

Address 350 FAIRWAY CIRCLE

Address: _____

WESTON, FL 33326

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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TALLAHASSEE, FL

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: ABELARDO A. SABA K
Address: 350 FAIRWAY CIRCLE
WESTON, FL 33326

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: ABELARDO A. SABA K
Address: 350 FAIRWAY CIRCLE
WESTON, FL 33326

ARTICLE VIII EFFECTIVE DATE: 08/23/2021

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

X Abelardo Saba
Required Signature/Registered Agent

08/23/2021

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.

X Abelardo Saba
Required Signature/Incorporator

08/23/2021

Date

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