

D95000015552

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OFFICE USE ONLY

File & Return Date Stamped Copy!
CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. *Neel K. Dekle, Inc.*
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☒ Walk in ☐ Pick up time _____

☐ Certified Copy

☐ Mail out ☒ Will wait ☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

H. SIMS FEB - 8 1995

02284
6-95 2935

FEB 24 1995

Examiner's Initials

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

- ☒ Walk in ☒ Pick up time 1:00 ☐ Certified Copy
- ☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

AMENDMENTS	
	Amendment
	Resignation of R.A., Officer/Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

REGISTRATION/ QUALIFICATION	
	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other

CR2E031(10/92)



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

February 8, 1995

ERVIN LAW FIRM

TALLAHASSEE, FL

SUBJECT: NEEL R. DEKLE, INC.
Ref. Number: W95000002935

We have received your document for NEEL R. DEKLE, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

In reviewing our records, we note there is a(n) NEEL R. DEKLE & COMPANY, Document number K04017, which was involuntarily or administratively dissolved.

Because of the similarities between the dissolved corporation and the one you are now seeking to file with us, and because it is our duty to assure that all fees due this office in accordance with section 607.0130(2)(c), Florida Statutes, are collected, we are returning the articles of incorporation unfiled and must request you reinstate the dissolved corporation by completing the enclosed reinstatement application and submitting it with the appropriate fees.

The fees to reinstate the corporation are as follows: \$175 reinstatement fee, \$61.25 filing fee per year for the years 11/04/1988 through the current year, \$138.75 supplemental fee for the years 1992 forward. The total fee to file the reinstatement is \$1220.00, therefore, there is a balance of \$1150.00 due. Add an additional \$8.75 for each certificate of status requested.

Please return 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 (904) 487-6052.

Hope Sims
Corporate Specialist

Letter Number: 195A00005578

ARTICLES OF INCORPORATION
OF
DIVERSIFIED FINANCIAL PLANNERS, INC.

FILED
FEB 24 PM 1:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

THE UNDERSIGNED incorporator, for the purpose of forming a corporation for profit under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation:

ARTICLE I. NAME

The name of the Corporation shall be DIVERSIFIED FINANCIAL PLANNERS, INC.

ARTICLE II. PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be 1424 East Piedmont Drive, Suite 201, Tallahassee, Florida 32312.

ARTICLE III. CAPITAL STOCK

The number of shares of stock that this Corporation is authorized to have outstanding at any one time is 1,000 shares.

ARTICLE IV. INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is Neel R. Dekle, 1424 East Piedmont Drive, Suite 201, Tallahassee, Florida 32312.

ARTICLE V. INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation is:

Neel R. Dekle
1424 East Piedmont Drive, Suite 201
Tallahassee, Florida 32312

The undersigned has executed these Articles of Incorporation
this 22 day of February 1995.

Neel R. Dekle
Incorporator

STATE OF FLORIDA
COUNTY OF LEON

I HEREBY CERTIFY that on this day, before me, a Notary Public
duly authorized in the State and County named above to take
acknowledgments, personally appeared NEEL R. DEKLE, ☒ personally
known or who did produce _____ as
identification, the person described as the incorporator in and who
executed the foregoing Articles of Incorporation, and acknowledged
before me that he subscribed the same.

WITNESS my hand and official seal in the County and State
named above this 22 day of February 1995.

Peggy J. Hinton
(Signature of Person Taking Acknowledgment)
(Print Notary Name/Commission Number/Expiration Date)

Peggy J. Hinton

**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE
ACCEPTANCE OF APPOINTMENT**

Pursuant to the provisions of 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is DIVERSIFIED FINANCIAL PLANNERS, INC.

2. The name and address of the registered agent and office is Neel R. Dekle, 1424 East Piedmont Drive, Suite 201, Tallahassee, Florida 32312.

DIVERSIFIED FINANCIAL PLANNERS, INC.

By: Neel R. Dekle
Its President

Date: February 22, 1995

ACCEPTANCE OF APPOINTMENT AS RESIDENT AGENT

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Signature: Neel R. Dekle
Resident Agent

Date: February 22, 1995

FILED
1995 FEB 24 PM 1:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA