

795000023735

TRANSMITTAL LETTER

Department of State
Division of Corporations
P. O. Box 8327
Tallahassee, FL 32314

000001437050
-03/22/95--01104--007
****131.25 ****131.25

SUBJECT: Northern Diversified Corporation
(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for :

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☒ \$131.25
Filing Fee,
Certified Copy
& Certificate

Additional Copy Required

FROM:

Michael A. Nau

Name (printed or typed)

1804 Misty Morn Place

Address

Longwood, Florida 32779

City, State & Zip

407-444-1096

Daytime Telephone number

FILED
MAR 22 AM 8:21
SECRETARY OF STATE
TALLAHASSEE FLORIDA

B. REGISTER MAR 24 1995

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

ARTICLES OF INCORPORATION

FILED
MAR 22 AM 8:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Northern Diversified Corporation

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

1804 Misty Morn Place
Longwood, Florida 32779

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1,000 @ \$1.00 Per

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Michael A. Nau
1804 Misty Morn Place
Longwood, Florida 32779

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the Incorporator(s) to these Articles of Incorporation is(are):

Michael A. Nau
1804 Misty morn Place
Longwood, Florida 32779

The undersigned Incorporator(s) has(have) executed these Articles of Incorporation this

17th day of March, 19 95.

Michael A. Nau
Signature

Signature

Signature

Articles of Incorporation
Filing Fee - \$35

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, 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: Northern Diversified Corporation

2. The name and address of the registered agent and office is:

Michael A. Nau

(Name)

1804 Misty Morn Place

(P.O. Box or Mail Drop Box **NOT** acceptable)

Longwood, Florida 32779

(City/State/Zip)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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.

Michael A. Nau

(Signature)

March 17, 1995

(Date)