

P950000 27866

OFFICE USE ONLY (Document #)

Wilhelm, Don P. Davis

(Requestor's Name)

(Address)

Tallahassee, FL

(City, State, Zip)

(Phone #)

000001451020

-04/07/95--01091--001

***245.00 ***122.50

OFFICE USE ONLY

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

1. Diversified Affiliated Services, Inc. 95
(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	
☒	Profit
☐	NonProfit
☐	Limited Liability
☐	Domestication
☐	Other

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

OTHER FILINGS	
☐	Annual Report
☐	Fictitious Name
☐	Name Reservation

REGISTRATION/ QUALIFICATION	
☐	Foreign
☐	Limited Partnership
☐	Reinstatement
☐	Trademark
☐	Other

FILED
95 APR -7 PM 2:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NANCY HENDRICKS APR -7 1995

ARTICLES OF INCORPORATION

FILED
95 APR -7 PM 2:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I

The name of this Corporation shall be DIVERSIFIED AFFILIATED SERVICES, INC.

ARTICLE II

The initial address of the Corporation's principal office shall be:

2509 TEXAS STREET
TALLAHASSEE FL 32301

ARTICLE III

This Corporation shall be for a profit entity with all rights, entitlements and powers afforded by the statutes (chapter 607) of Florida governing for profit Corporations. This Corporation shall be engaged in all permissible activities afforded corporations by said aforementioned statutes.

ARTICLE IV

There shall be one class of stock issued. That class shall be common stock at Par Value of \$1.00. There shall be ten thousand (10,000) shares of common stock issued.

ARTICLE V

The Board of Directors of this Corporation shall be:

NATHANIEL GALLON JR. 2509 TEXAS STREET TALLAHASSEE FL 32301
GIEZELLE A. GALLON 2509 TEXAS STREET TALLAHASSEE FL 32301

ARTICLE VI

No single director shall have the power to enter into contractual agreements, issue negotiable instruments, or enter into agreements for the purpose of obtaining financing or any other purpose. These actions will require a majority vote of the directors.

ARTICLE VII

The initial registered agent for the Corporation shall be:

NATHANIEL GALLON JR
2609 TEXAS STREET
TALLAHASSEE FLORIDA 32301

I, the undersigned, hereby attest that I am one of the
incorporators of said Corporation and do affix my signature
to the same.

Nathaniel Gallon Jr
NATHANIEL GALLON, JR
2609 TEXAS STREET
TALLAHASSEE FLORIDA 32301

April 6, 1975
Date

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

FILED
95 APR -7 PM 2:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of Sections 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 DIVERSIFIED AFFILIATED SERVICES, INC.
2. The name and address of the Registered Agent and Office is:

NATHANIEL GALLON, JR
2609 TEXAS STREET
Tallahassee, FL 32301

Having been named as Registered Agent and to accept service of process for the aforementioned 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 ; all status relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my positions as Registered Agent.

SIGNATURE

Nathaniel Gallon Jr.

NATHANIEL GALLON, JR

DATE

April 8, 1995

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Morlham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

96 NOV 27 PM 3:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

POS-2786060

1. Corporation Name *Diversified Multitask Services, Inc.*

Principal Place of Business

*2210 South Monroe Street
Tallahassee, FL 32301*

Mailing Address

*P.O. Box 6197
Tallahassee, FL 32314-6197*

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable

4613 Barclay Lane

3. New Mailing Address, if Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tallahassee, FL

City & State

Zip

32308

Country

Leon/US

Zip

Country

US

REINSTATEMENT 96

DO NOT WRITE IN THIS SPACE

4. Date Incorporated or Qualified To Do Business in Florida

06/95

5. FEI Number

59-3331874

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
<i>President</i>	<i>Nathaniel Gallon Jr.</i>	<i>4613 Barclay Lane</i>	<i>Tallahassee, FL 32308</i>
<i>Secretary</i>	<i>Gizzelle R. Gallon</i>	<i>4613 Barclay Lane</i>	<i>Tallahassee, FL 32308</i>

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12/01/96 01001 002
***383.75 ***383.75

APR 11/27

8. Name and Address of Current Registered Agent

*Nathaniel Gallon Jr.
4613 Barclay Lane
Tallahassee, FL 32308*

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State

Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

Nathaniel Gallon Jr.

Date

11-27-96

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Nathaniel Gallon Jr. / Nathaniel Gallon Jr. President

11-27-96

904-468-5631

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2040 (12/95)