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TRANSMITTAL LETTER

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95 APR 17 PH 2: 34
SECRETARY OF STATE

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

1 CHOICHO 1 4 SG 5 1 1 -04/18/95--01025--014 *****78.75 *****78.75

SUBJECT: CAMY Diversified, Inc. (Proposed corporate name - must include suffix)								
Enclosed is an original for: \$70.00 Filing Fee	and one (1) cop \$78.75 Filing Fee & Certificate	Sy of the articles of i \$122.50 Filing Fee & Certified Copy	incorporation and a check \$131.25 Filing Fee, Certified Copy & Certificate					
FROM: CARL V. GARRITANI Name (printed or typed)								
Address State 2000 Court								
	813	1504, Fl. 346 ity, State & Zip - 868- 4187 e Telephone number	6 /					

NANCY HENDRICKS APR 2 0 1995

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





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 | NAME

The name of the corporation shall be:

CAMY Diversified, INC.

ARTICLE II PRINCIPAL OFFICE

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

7905 Willow Bisook Court HUDSOM, Et. 34667

ARTICLE III SHARES

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

100 - COMMON

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

CARL V. GARRITANI
7905 WILLOW BROOK COUNT
HUOSON, FL. 34667

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorp- tion is(are):	orator(s) to these Articles of Incorpora-
CARL V. GARRITANI	7905 Willow BROOK Court HUDSON, Fl. 34667
Amelia GARRITANI	7905 Willow Brook Count Huoson, FT. 34667
The undersigned incorporator(s) has(have) execu	ited these Articles of Incorporation this
13 T day of April	, 19 <u>95</u> .
	<i>i</i> -
Signature	

Articles of Incorporation Filing Fee - \$35

Signature

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 DESIGNATION THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of	the corporation is	s: <u>Camy</u>	Diversifi	ed Inc.	
2. The name an	d address of ine	registered age	ent and office is		
	7905 (F	(Name) (Name) (O)(I)o W Breed P.O. Box not ac (City/State/Z	ceptable)		95 IFR 17 TH 2 34
Having been na above stated co the appointment to comply with ti mance of my dut as registered ag	med as registered poration at the p as registered ap he provisions of a ies, and I am fam ent.	d agent and to lace designate ent and agree Il statutes rela iliar with and a	accept service of in this certifi to act in this c ting to the pro accept the oblig	e of process for icate, I hereby a apacity. I furthe per and comple gations of my p	the accept er agree ete perfor- position
	Signature)	1+		4/13/95- (Date)	