# P96000031693

# TRANSMITTAL LETTER

JAVAGE DIVERSITY CONSULTANTS, INC.

(Proposed corporate name - must include suffix)

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

SUBJECT: \_

610000017758666 -04/09/96--01086--007 \*\*\*\*\*78.75

Enclosed is an origina	al and one (1) (	copy of the articles o	of incorporation a	SECONDARY SECOND	FII
for :  \$70.00  Filing Fee	\$78.75 Filing Fee & Certificate	\$122.50 Filing Fee & Certified Copy Additional Cop	\$131.25 Filing Fee, Certified Copy & Certificate  y Required	8 PH 1:30	ED
FROM:	Nam	LIE B. SAVAGE e (printed or typed) owgreen Trail Address			
	407	TH FLORIDA 3 City, State & Zip 1-969-1633 ne Telephone number	3463.6948		

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

AL APR 1 1 1995

### ARTICLES OF INCORPORATION

FILED 96 APR -8 PH 1:36

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Bushless Corporation Act, hereby adopt(s) the following Articles of Incorporation. ARTICLE I NAME The name of the corporation shall be: <u>SAVAGE DIVERSITY CONSULTANTS</u> INC. ARTICLE II PRINCIPAL OFFICE The principal place of business and mailing address of this corporation shall be: 4681 MEADOWGREEN TRATL LAKE WORTH FLORIDA 33463-6948 ARTICLE III SHARES The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 100 SHARES COMMON ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS The name and address of the initial registered agent is: LESLIE B. SAVAGE 4681 MEADOWGREEN TRAIL

LAKE WORTH, FLORIDA 33463-6948

#### ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

The	e name(s	s) and	street	addre	ess(es)	of (	the	incorporator(s)	) to	these	Articles	of	Incorpora	tion	is(are	:):
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LESITE B. SAVAGE	•
4681 MEANOWOREEN TRATE	•
LAKE WORTH FLOREDA 83463-6948	

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

2nd day of April , 19 9/6.

(An additional article must be added if an effective date is requested.)

Signature

Signature

## Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 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: SAVAGE DIVERSITY CONSULTANTS, INC	
2. The name and address of the	e registered agent and office is:	7X SS 98
_	B. JAVAGE (NAME)	TILLE TILLE
<u>4681 MEN</u>	DOWGREEN TRAIL P.O. Box or Mail Drop Box NOT ACCEPTABLE)	PH 1: 36
LAKE WOR	TH, FLORTON 33463-6948 (CITY/STATE/ZIP)	Dim O.

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.

Lisie Barage 4/2/91.

(SIGNATURE) (DAJE) /91.