# Macaganante

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 REQUESTED EFFECTIVE DATE - 1-1-97

14/14/14/3500, 1 2 02014	Directive File						
(Pro	TIFIED FINANCIAL SERVICES, INC.  posed corporate name - must include sulfix)  TED EFFECTIVE DATE — 1-1-97  EFFECTIVE DATE — 1-1-97	· ·					
Enclosed is an original a for:  \$70.00  Filing Fee	\$78.75 Filing Fee & Certificate  Additional Copy Required						
FROM: LEE KAPLAN  Name (printed or typed) 4:00002016194  4290 NW 55 DRIVE -11/27/9601085 ****122.50 *****1							
COCONUT CRECK, FL 33073  City, State & Zip  954-725-7885							
12/	COCONUT CRECK, FL 33073  City, State & Zip  954-725-7885  Daytime Telephone number  A way	<b>)</b>					
NOTE: Please provide the original and one copy of the articles.							



### FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

October 28, 1996

LEE KAPLAN 4290 N.W. 65TH DR. COCONUT CREEK, FL 33073

The name DIVERSIFIED FINANCIAL SERVICES, INC. has been reserved for 120 days beginning October 28, 1996. The reservation number is R96000005116 and this reservation is **NONRENEWABLE**.

A reservation is not a grant of authority to use the name. It is only a withholding of a name from its availability for use by another. When the proposed document is submitted, the name will **AGAIN** be checked against the records of the Division and if still no conflict exists and all other requirements are fulfilled, the reserved name shall be filled as the entity name.

The Division of Corporations is a ministerial filing office and may not render any legal advice. The Division does not adjudicate the legality of any corporate name or arbitrate disputes between entities. You may wish to review other laws such as common law rights, including rights to a trade name; United States Code, Federal Trademark Act, Section 1051 (Lantham Act); Chapter 495, Florida Statutes, Registration of Trademarks and Service Marks (Florida Trademark Act); and Section 865.09, Florida Statutes (Floridia Name Act).

If someone else submits the document for filing, it must have a copy of this letter attached.

Should you have any questions regarding this matter, please telephone (904) 488-9000, the Name Availability Section

Tammy Hampton

Letter number: 496A00049514

### ARTICLES OF INCORPORATION

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.

EFFEGIVE PUT

ARTICLE I NAME

The name of the corporation shall be:

DIVERSIFIED FINANCIAL SERVICES, INC.

ARTICLE II PRINCIPAL OFFICE

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

4290 NW STORIVE COCONUT CREEK, FC 33073 96 NOV 27 PH 4: 22
SECRETARY OF STATE
AND ASSEE FLORIDA

ARTICLE III SHARES

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

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

LEE KAPLAN 4290 NW 55 DRIVE COCONUT CREEK, FL 33073

# INCORPORATOR(S)

See instructions for officers/directors

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

LEE KAPLAN 4290 NW 55 DRIVE COCONUT CREEK, PL33073 CHERYL KAPLAN 4290 NW 55 DRIVE

COCONUT CREEK, FL 33073

Effective DATE 1-1-1997.

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this 25 day of NOVEMBER 19 96.

(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:	OIVERSIFIED	FINANCIAL	SCRVICE	S, INC.
				SECR	-71
2.	2. The name and address of the registered agent and office is:				No. Tallandi L'avezimen L'avezimen
	LEE KAPLAN			OF STA	(arm)
	4290 N	W SS DRIV	0	22 ATE RIDA	
		x or Mail Drop Box NOT ACC	•	**	
		(CITY/STATE/ZIP)	3300	:	

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.

Lee 16 11-25-96 (DATE)