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## CORPORATION(S) NAME

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Profit ) NanProfit	( ) Amendment	FS ATE FORDA
( ) Foreign	( ) Dissolution	( ) Mark
( ) Limited Pertnership ( ) Reinstatement	( ) Annual Report ( ) Reservation	( ) Other ( ) Change of Registered Agent
Certified Copy	( ) Photo Copies	( ) Cartificate Under Seel
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GENTAL CONT

CR2E031 (R8-85)

Availability Document

Examiner Updater

Verifier

**Acinowledgment** 

W.P. Verifier

**Empire** Toll Free: 1-800-432-3028

The name of the corporation shall be:

GENERAL DIVERSIFIED SERVICES, INC.

ARTICLE II PRINCIPAL OFFICE

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

> 4420 NE 13TH TERRACE OAKLAND PARK, FL 33334

ARTICLE III CAPITAL STOCK

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

500 SHARES @ \$1.00 PAR VALUE

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the registered agent is:

ROCCO ILARIA 4420 NE 13 TEXRACE OAKLAND PARK, YL 33334

ARTICLE V INCORFORATOR (S)

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

> ROCCO ILARIA 4420 NE 13 TERRACE OAKLAND PARK, FL 33334

The undersigned has (have) executed these Articles of Incorporation this 11TH day DECEMBER. 1996.

## CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

36 DEC 18 PHIZE GO

Pursuant to the provisions of section 607.0501, Florida Statutes, the dersigned 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:

GENERAL DIVERSIFIED SERVICES, INC.

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

ROCCO ILARIA 4420 NE 13TH TERRACE OAKLAND PARK.FL 33334

0. e M	
SIGNATURE OF COLOR	-
(corporate officer)	
TITLE President	
DATE 12/11/96	
(	

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE NAMED COPPORATION AT THE PLACE D'IGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE AFPOINTMENT AS RELISTERED 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.

DATE 12/11/96

REGIST TRED AGENT FILING FEE: \$35.00