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

SUBJECT:

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

\$70.00 Filing Fee

\$78.75

Filing Fee

& Certificate

\$122.50

\$131.25

Filing Fee

Filing Fee,

& Certified Copy Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

813-205-5757 -OR 813-630-0205 Daytime Telephone number

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



## ARTICLES OF INCORPORATION

OIVISIONETARYED

97 DEC 19
PM 12: 39

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

The name of the corporation shall be:
DIADAN I TWO
ARTICLE II PRINCIPAL OFFICE  The principal place of business and mailing address of this corporation shall be:  800 SOUTH DAKOTA AVELUE  UNITED THE PRINCIPAL OFFICE  TAMPA, FLORIDA 33606
ARTICLE III SHARES  The number of shares of stock that this corporation is authorized to have outstanding at any one time is:
100 SHARES - PAR VALUE \$1.00
ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS  The name and Florida street address of the initial registered agent are:  CAUDADIEL SHAFER, JR.  BOO S. DAKDTA AVE  UD (1307  TAM PA, FLORIDA 33LOG  ARTICLE V INCORPORATOR
The name and address of the incorporator to these Articles of Incorporation are:  CARL DAVIEL SHAFER, TR  BOD SOUTH DAKOTA MVENUE  DUIT 307  TAMIA, FLOSIDA 32LOL  THE ETFECTIVE DATE  15: 1 JAN 1992
CARL TRUES SIGNED TR.  Date  172 Cecember 1997  Date
(An additional article must be added if an effective date is requested.)

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

Signature/Registered Agent

Date