

ROGERS, JONES, P. EY, JONES & JAY  
Rogers's Name  
100 South Monroe Street, 2nd Floor  
Address  
Tallahassee, FL 32301 (222-7200)  
City/State/Zip Phone #

\* Please call Pat @ 222-7200 if problems.

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Diversified Systems of Jay, Inc.  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

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-03/17/98--01060--002  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

☒ Walk in ☒ Pick up time 3/17 ☐ Certified Copy  
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

\* Please return  
a filed stamped  
copy. Thanks.

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

FILED  
98 MAR 17 PM 12:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Examiner's Initials

ARTICLES OF INCORPORATION  
OF  
DIVERSIFIED SYSTEMS OF JAX, INC.

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TALLAHASSEE, FLORIDA

FIRST: The name of this corporation is:  
"DIVERSIFIED SYSTEMS OF JAX, INC."

SECOND: The general nature of the business or businesses to be transacted is to do all and everything necessary and proper for the accomplishment of the objects necessary or incidental to the benefit and protection of the corporation, and to transact any lawful business and to exercise all powers granted to corporations by the laws of the State of Florida.

THIRD: The principal office of this corporation will be at P.O. Box 600170, Jacksonville, Florida 32260 or at such other address as may be determined by the board of directors.

FOURTH: The maximum number of shares with par value that this corporation is authorized to have outstanding at any one time is one million (1,000,000) shares of the par value of one cent (\$.01) each.

FIFTH: The street address of the initial registered office of this corporation is 304 Chicasaw Court, Jacksonville, Florida 32259, and the name of the initial registered agent of this corporation at that address is Robert L. Murphy.

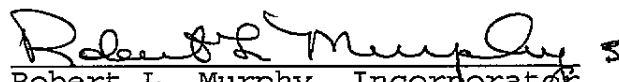
SIXTH: The names and addresses of the members of the first board of directors, who shall hold office for the first year of the existence of the corporation or until their successors are elected or appointed and have qualified are:

<u>NAMES</u>	<u>ADDRESS</u>
Robert L. Murphy	304 Chicasaw Court Jacksonville, FL 32259
Patricia S. Murphy	304 Chicasaw Court Jacksonville, FL 32259
Robert W. Hurst	8389 Christy Circle South Hilliard, FL 32046

SEVENTH: The name and address of the sole incorporator of the corporation is as follows:

<u>NAMES</u>	<u>ADDRESS</u>
Robert L. Murphy	304 Chicasaw Court Jacksonville, FL 32259

I, THE UNDERSIGNED, being the sole original incorporator hereinbefore named for the purpose of forming a corporation to do business both within and without the State of Florida, do make, subscribe, acknowledge, and file these articles, hereby declaring and certifying that the facts herein stated are true, and accordingly have hereunto set my hand and seal this 16 day of March, 1998.

  
Robert L. Murphy, Incorporator

**CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of Section 607.0501, Florida Statutes, the below-named 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:

**DIVERSIFIED SYSTEMS OF JAX, INC.**

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

Robert L. Murphy  
304 Chicasaw Court  
Jacksonville, FL 32259

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: \_\_\_\_\_

*Robert L. Murphy*  
Robert L. Murphy

DATE: \_\_\_\_\_

*MARCH 16 1998*

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98 MAR 17 PM 12:36  
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TALLAHASSEE, FLORIDA