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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850) 922-4001

From:
Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA PROFIT CORPORATION OR P.A.

DIANE MARIE, INC.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

OF

DIANE MARIE, INC.

ARTICLE I NAME

The name of the corporation shall be:

DIANE MARIE, INC.

ARTICLE II PRINCIPAL OFFICE

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

2506 DELAWARE AVE

FT PIERCE FL 34947

ARTICLE III CAPITAL STOCK

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

200 (TWO HUNDRED) SHARES

Prepared by:
Triple Check Income Tax Service
2506 Delaware Ave
Ft Pierce FL 34947
(561)461-5987

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

NOVICE HOLDEN

2506 DELAWARE AVE

FT PIERCE FL 34947

ARTICLE V INCORPORATOR


The name and street address of the incorporator to these Articles of Incorporation is:

NOVICE HOLDEN

2506 DELAWARE AVE

FT PIERCE FL 34947

The undersigned has executed these Articles of Incorporation this 31 day DECEMBER of 1998.


NOVICE HOLDEN, Incorporator

CERTIFICATE OF DESIGNATION

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:

DIANE MARIE, INC.

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

NOVICE HOLDEN

2506 DELAWARE AVE

FT PIERCE FL 34947

Signature:

INCORPORATOR

Title:

Date:

12/31/98

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:

Date:

12/31/98

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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