OFFIC (Requestor's Name) **600002862166** -05/04/99--01069--026 3320 S.W. 87th AVENUE (Address) *****78.75 *****78.75 MIAMI, FLORIDA (305)552-5973 (City, State, Zip) LOCAL REPRESENTATIVE TALLAHASSEE OFFICE USE ONLY CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Walk in Pick up time 900 Certified Copy Mail out Will wait Certificate of Status Photocopy **NEW FILINGS** AMENDMENTS Profit Amendment NonProfit Resignation of R.A., Officer/Director Limited Liability Change of Registered Agent Dissolution/Withdrawal Domestication Other Merger REGISTRATION/ OTHER FILINGS QUALIFICATION Annual Repotit / / . Foreign Fictitious Name Limited Partnership Reinstatement Trademark Other Examiner's Initials

CR2E031(9/92)



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

May 4, 1999

LAZARUS

MIAMI, FL

SUBJECT: DIVERSIFIED ENTERPRISES CORP.

Ref. Number: W99000010401

We have received your document for DIVERSIFIED ENTERPRISES CORP.. However, the document has not been filed and is being returned for the following:

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of a name is not acceptable. Please select a new name and make the correction in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6934.

Loria Poole Corporate Specialist

Letter Number: 099A00024060

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 Icorporation.

ARTICLE I NAME

The name of the corporation shall be: MAC APPRAISAL CORP.

ARTICLE II PRICIPAL OFFICE

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

9088 NW 113 STREET HIAKAH GARDENS FL 33018

ARTICLE III SHARES

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

100,00

ARTICLE IV INITIAL REGISTERED AGENT AND SRIEET ADDRESS

The name and address of the initial registered agent is:

Yohani E. Carellas 9088 NW 113 ST Hialeah Gardens FL 33018

ARTICLE V INCORPORATOR(S)

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

9088 nw 113 ST

Hakah Gardens Fl 33018

ARTICLE VI DIRECTOR(S)

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

Yohani E. Canellas (P) 9088 N.W. 1135T Hiakan Galdens F1 33018

The undersigned incorpora Incorporation this	tor(s) has(have) executed these Articles of, 19
	Johail -
- 10	Signature
- : : : : : : : : : : : : : : : : : : :	Signature
	Signature

Articles of Incorporation Filing Fee - \$35

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, 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.

т	he name of the corporation is: MAC APPRAISAL CORP.
	He Hattie of the second
_	he name and address of the registered agent and office is:
ı	
	- Ychani E. Carelles
	(NAME)
	9088 NW 113 ST
-	(P.O. BOX NOT ACCEPTABLE)
	·
_	Haleah Gardens Fl 33018
	(CITY/STATE/ZIP)

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 SECRETARY SECRETARY SECRETARY SECRETARY STATE STAT

REGISTERED AGENT FILING FEE: \$35.00