## P99000053040

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

SUBJECT:	Diffmond-Shive (Proposed corpor	Stove Cas ate name - must include suf	re, luc
		<u>C</u> IT	0002899540 -06/09/9901060- *****87,50 ******
Enclosed is an origin	nal and one(1) copy of the articles	s of incorporation and a c	check for:
☐ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED
FROM:	Gloria R. M. Name (Pr	ewdez inted or typed)	
	2581 W.71	O/.	
	Winterly, F.	) 330/6 State & Zip	TALLAH

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

## ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida

Business Corporation Act, hereby adopts the following Articles of Incorporation.	Es.	999	
ARTICLE I NAME	AHA.	NUL	T
The second of the composition shall be	SSE	-9	一
Dipmond-Shine Stone Care, Inc	E FLOR	AM 9:	LED
ARTICLE II PRINCIPAL OFFICE	DA.	84	
The principal place of business and mailing address of this corporation shall be:	_	~	
2581 W. 71 Pl. HIATERK, Fl. 33016			
ARTICLE III SHARES  The number of shares of stock that this corporation is authorized to have outstanding at any one time.	ne is:		
100 th 7 stock	-		
ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS		-	
The name and Florida street address of the initial registered agent are:			
Gloria R. Mendez 258/ W. 71 Pl. Hinkert, 41. 33016			
ARTICLE V INCORPORATOR			
The <u>name and address</u> of the incorporator to these Articles of Incorporation are:			
Gloria R. Mendez 2581 W. 71 Pl. History, 4/.33016			
2581 W, 71P/ AMBRET 17. 500,2	-		
Springafered 6/4/99	<u> </u>		<b>-</b>
Signature/Incorporator / 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