P9900053659 TRANSMITTAL LETTER

DIVISION OF CORPORATIONS

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

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SUBJECT:	LOST DIAMOND ENTERPRISES, INC.	
	(Proposed corporate name - must include suffix)	
Enclosed is an and a check fo	original and one (1) copy of the articles of incorporation or:	
X \$70.00 Filing Fee	\$78.75 Filing Fee Certificate of Status \$78.75 Filing Fee & Certified Copy Status \$87.50 Filing Fee, Certified Copy & Certified Copy & Certificate of Status	
	FROM: WILLIAM L. FEAGAN Name (Printed or Typed)	-2-7
	5280 W. MAIN STREET Address	
	MIMS, FLORIDA 32754 City, State & Zip	
	407-267-8256 Daytime Telephone number	

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

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 Incorporation:

ARTICLE I

The name of the corporation shall be:

LOST DIAMOND ENTERPRISES, INC.

ARTICLE II PRINCIPAL OFFICE

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

5280 W. MAIN STREET MIMS, FLORIDA 32754

ARTICLE III SHARES

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

100,000 SHARES

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the registered agent is: WILLIAM L. FEAGAN 5280 W. MAIN STREET MIMS, FLORIDA 32754

Filing Fee: \$ 70.00

ARTICLE V INCORPORATOR(S) See instructions for officers/directors

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

WILLIAM L. FEAGAN 5280 W. MAIN STREET MIMS, FLORIDA 32754 SHARON R. FEAGAN 5280 W. MAIN STREET MIMS, FLORIDA 32754

The undersigned incorporator(s)	has(ha	ve) execut	ed these Art	ticles of
Incorporation this	フひ	_ day of _	JUNE	, 1999.
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Signature

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

CERTIFICATE OF DESIGNATION OF 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:	me of the corporation is: LOST DIAMOND ENTERPRISES, (must include suffix)		INC.	
	en en la companya de				
2.	The name and address of the regis	stered agent and office is:			
	WILLIAM	L. FEAGAN, JR. (Name)		e e e seuman	
		MAIN STREET Mail Drop Box NOT Acceptable		, , , and Manage a , is .	
	MIMS, F	LORIDA 32754 (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.

1 + 100 06-07-99 (Date)