

TRANSMITTAL LETTER

P99000067081

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

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-07/21/99--01026--005
*****87.50 *****87.50

SUBJECT: CIDIVERS INCORPORATED
(Proposed corporate name - must include suffix)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

99 JUL 21 PM 2:23

FILED

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ \$70.00 Filing Fee
☐ \$78.75 Filing Fee & Certificate of Status

☐ \$78.75 Filing Fee & Certified Copy
☒ \$87.50 Filing Fee, Certified Copy & Certificate of Status

ADDITIONAL COPY REQUIRED

FROM: JOHN-PAUL SASSONE
Name (Printed or typed)

4107 SW 17 TH PLACE
Address

GAINESVILLE, FLORIDA 32607
City, State & Zip

352 374-0909
Daytime Telephone number

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

F. CHESER JUL 29 1999

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.

ARTICLE I NAME

The name of the corporation shall be:

CTDIVERS INCORPORATED

ARTICLE II PRINCIPAL OFFICE

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

4107 SW 17TH PLACE
GAINESVILLE, FLORIDA 32607

ARTICLE III SHARES

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

10,000 AT NO PAR VALUE

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

JOHN-PAUL SASSONE
4107 SW 17TH PLACE
GAINESVILLE, FLORIDA 32607

ARTICLE V INCORPORATOR

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

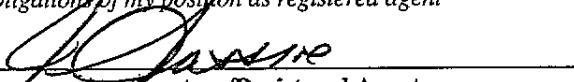
JOHN-PAUL SASSONE
4107 SW 17TH PLACE
GAINESVILLE, FLORIDA 32607


Signature/Incorporator

19 JULY 1999
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

19 JULY 1999
Date

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA