## TRANSMITTAL LETTER epartment of State

FILED

AUG 13 AM 9:58

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

\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT: DIVERSI Jed Medical Solutions, Inc.
(Proposed corporate name - must include suffix)

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

\$70.00

\$78.75

Filing Fee

Filing Fee

& Certificate of Status

\$78.75

\$87.50

Filing Fee & Certified Copy

Filing Fee, Certified Copy

& Certificate of

Status

ADDITIONAL COPY REQUIRED

FROM: Ray L. Bengermino/Garrison L. Williams

3759 Salt Meadow Court South

Jacksonville Florida 32224 City, State & Zip

904 - 821 - 0799

Daytime Telephone number

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

## ARTICLES OF INCORPORATION

V.
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: Diversified Medical Solutions, Inc
ARTICLE II PRINCIPAL OFFICE The principal place of business and mailing address of this corporation shall be: 3759 Salt Meadow Court South
Tackson ville, FL  ARTICLE III SHARES  The number of shares of stock that this corporation is authorized to have outstanding at any one time is:  200 No
ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS  The name and Florida street address of the initial registered agent are:  3759 Salt MeadowCourt, South  Bengemin
ARTICLE V INCORPORATOR  The name and address of the incorporator to these Articles of Incorporation are:  Ray L. Bengermino 3759 Salt Meadow Court Sout Garrison L Williams Tackson ville, FL 32224
Ray L Bengern O Signature/Incorporator  Date  7-11-99
(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