

OCT-25-2011 TUE 06:14 AM

P. 001

Division of Corporations

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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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Division of Corporations  
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Email Address: \_\_\_\_\_

FLORIDA PROFIT/NON PROFIT CORPORATION  
D & M OUTSOURCE BUSINESS SERVICES, INC.

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 1       |
| Page Count            | 02      |
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*10/27/11*

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**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME**The name of the corporation shall be: **D & M Outsource Business Services, Inc.****ARTICLE II PRINCIPAL OFFICE**Principal street address  
**12832 SW 20 Street**  
**Miami, Florida 33175**

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To provide outsource bookkeeping, payroll processing, financial statement preparation, business organization and any other accounting needs.

**ARTICLE IV SHARES**The number of shares of stock is: **1,000****ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: **Daphne Maggio- R/D**  
Address: **12832 SW 20 Street**  
**Miami, Florida 33175**Name and Title:  
Address:Name and Title: **Maria Helena Hernandez- T/D**  
Address: **9845 NW 28 Terrace**  
**Miami, Florida 33172**Name and Title:  
Address:Name and Title:  
Address:Name and Title:  
Address:**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: **Daphne Maggio**  
Address: **12832 SW 20 Street**  
**Miami, Florida 33175****ARTICLE VII INCORPORATOR**

The name and address of the incorporator is:

Name: **Daphne Maggio**  
Address: **12832 SW 20 Street**  
**Miami, Florida 33175**

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.

*Daphne Maggio*

Required Signature/Registered Agent

*10/24/2011*

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

*Daphne Maggio*

Required Signature/Incorporator

*10/24/2011*

Date

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