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Florida Department of State

Division of Corporations

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305)634-3694
Fax Number : (305)633-9696

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FILED
12 MAY -9 AM 10:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA PROFIT/NON PROFIT CORPORATION
DICORZ'S AGENCY CORP

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	$78.75

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

12 MAY -9 AM 10:25

ARTICLE I NAME
The name of the corporation shall be: DICORZ'S AGENCY CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address
3451 N W 169TH TERRACE
MIAMI GARDENS FL 33056

Mailing address, if different is:
3451 N W 169TH TERRACE
MIMI GARDENS FL 33056

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES
The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ANA I CORZO PRESIDENT
Address: 3451 NW 169TH TERRACE
MIAMI GARDENS FL 33056

Name and Title: DANILLO M DIAZ VICEPRESIDENT
Address: 3451 NW 169TH TERRACE
MIAMI GARDENS FL 33056

Name and Title:
Address:

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: ANA I CORZO
Address: 3451 NW 169TH TERRACE
MIAMI GARDENS FL 33056

ARTICLE VII INCORPORATOR
The name and address of the Incorporator is:
Name: ANA I CORZO
Address: 3451 NW 169TH TERRACE
MIAMI GARDENS FL 33056

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

Required Signature/Registered Agent — Date: 05/09/2012

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.

Required Signature/Incorporator — Date: 05/09/2012

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