

PH000094201

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

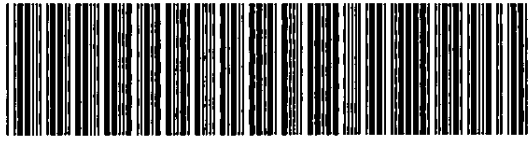
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

ymd 11/20

COVER LETTER

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

SUBJECT: **DALBEL CORP.**

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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: **INAKI SAIZARBITORIA, ESQ.**

Name (Printed or typed)

21 S.W. 15 ROAD SUITE 200

Address

MIAMI, FLORIDA 33129

City, State & Zip

305-374-4106

Daytime Telephone number

inakisai@aol.com

E-mail address: (to be used for future annual report notification)

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

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: DALBEL CORP.

ARTICLE II PRINCIPAL OFFICE
Principal street address
7400 S.W. 50 TERRACE
SUITE 304
MIAMI, FLORIDA 33155

Mailing address, if different is:
7400 S.W. 50 TERRACE
SUITE 304
MIAMI, FLORIDA 33155

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: GENERAL PURPOSE

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TALLAHASSEE, FLORIDA

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>CARLOS A. BERSANO D-P-S</u>	Name and Title:	_____
Address	<u>7400 S.W. 50 TERRACE</u>	Address:	_____
	<u>SUITE 304</u>		_____
	<u>MIAMI, FLORIDA 33155</u>		_____

Name and Title:	<u>JOSE M. BARJA-TREASURER</u>	Name and Title:	_____
Address	<u>7400 S.W. 50 TERRACE</u>	Address:	_____
	<u>SUITE 304</u>		_____
	<u>MIAMI, FLORIDA 33155</u>		_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____
	_____		_____

Name and Title: _____ Name and Title: _____
 Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: PASTROFF, BARJA, KELLY & CO.
 Address: 7400 S.W. 50 TERRACE SUITE 304
MIAMI, FLORIDA 33155

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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: CARLOS A. BERSANO
 Address: 7400 S.W. 50 TERRACE SUITE 304
MIAMI, FLORIDA 33155

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~~ / INCORPORATOR
 _____ 11-17-14
 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.

 Required Signature/~~Incorporator~~ / REGISTERED AGENT
 _____ 11-17-14
 Date