

P18000100143

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

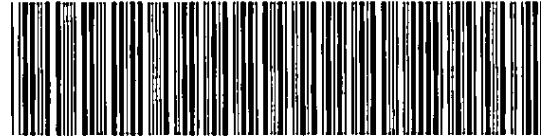
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2018 DEC 10 AM 9:49
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

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

SUBJECT: DINARAGA GROUP INC
(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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: STEPHANIE MARTINEZ
Name (Printed or typed)

8180 NW 36 ST, SUITE 406
Address

DORAL FL 33166
City, State & Zip

305-406-3800
Daytime Telephone number

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


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

AFFIDAVIT

BEFORE ME, the undersigned authority, on this day personally appeared **DIANA P ANGEL**, who after being firstly duly sworn, under oath, deposes and says:

1. The undersigned is also the sole Director and the President of **DINARAGA GROUP INC.**, a Florida corporation to be filed with the Florida Department of State on or about **December 3, 2018**.
2. The undersigned hereby consents to and authorizes the use by **DINARAGA GROUP INC.** of the name **DINARAGA GROUP INC.**
3. The undersigned has personal knowledge of the fact and matter set forth herein and therefore has no intentions of reinstating the dissolved entity.

FURTHER AFFIANT SAYETH NAUGHT.




 DIANA P ANGEL

STATE OF FLORIDA)
) SS:
 COUNTY OF MIAMI-DADE)

PERSONALLY appeared before me, Diana P. Angel, who is personally known to me, who being by my first duly sworn, acknowledges that he signed the foregoing for the purposes therein expressed.

Witness my hand and official seal this 3rd day of December, 2018


Jenny Colis
 COMMISSION # GG256873
 EXPIRES: September 10, 2022
 Bonded Thru Aaron Notary



 Notary Public Signature

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

ARTICLE I NAME DINARAGA GROUP INC

The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

20095 SOUTH DIXIE HWY

MIAMI FL 33189

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS.

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ARTICLE IV SHARES 100

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: DIANA P ANGEL PD

Name and Title: ANDREA IDARRAGA VP

Address: 20095 SOUTH DIXIE HWY
MIAMI, FL 33189

Address: 20095 SOUTH DIXIE HWY
MIAMI, FL 33189

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

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: DIANA P. ANGEL
 Address: 20095 SOUTH DIXIE HWY
MIAMI, FL 33189

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: DIANA P. ANGEL
 Address: 20095 SOUTH DIXIE HWY
MIAMI, FL 33189

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ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 12/3/2018
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 12/3/2018
Date