

P210000061576

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

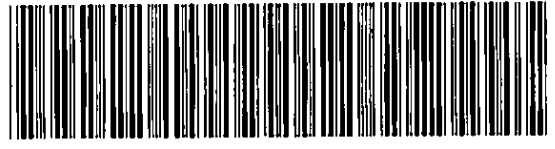
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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COMMERCIAL BANK

2021 JUL -1 PM 3:51

JUL 01 2021

2021 JUL -1 AM 9:28

JUL 01 2021

J. FASON

JUL 02 2021

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 889647 5017381

AUTHORIZATION :



COST LIMIT : \$ 78.75

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ORDER DATE : July 1, 2021

ORDER TIME : 2:51 PM

ORDER NO. : 889647-005

CUSTOMER NO: 5017381  
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DOMESTIC FILING

NAME: DI MALLS, INC.

EFFECTIVE DATE:

XX ARTICLES OF INCORPORATION  
       CERTIFICATE OF LIMITED PARTNERSHIP  
       ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
XX        CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyllena Baker - EXT.

EXAMINER'S INITIALS: \_\_\_\_\_

## COVER LETTER

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

**SUBJECT:** DI Malls, 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

\$78.75  
Filing Fee  
& Certified Copy

\$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

**FROM:** Elisheva Mochkin  
Name (Printed or typed)

12 East 49 Street, 39th Floor  
Address

New York, New York 10017  
City, State & Zip

646-339-3227  
Daytime Telephone number

legal@diamondsinternational.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: DI Malls, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal <u>street</u> address <u>2315 NW 107th Avenue</u>  <u>Suite 1a15</u>  <u>Doral, Florida 33172</u>	Mailing address, if different is: <u>12 East 49th Street</u>  <u>39th Floor</u>  <u>New York, New York 10017</u>
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**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: \_\_\_\_\_

To engage in lawful activities for which corporations may be incorporated into this state, including but not limited to,  
wholesale and retail sales of commercial goods.

**ARTICLE IV SHARES**

The number of shares of stock is: 200

2021 JUL - 1 AM 9:17

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: <u>Albert Gad, Director</u>	Name and Title: <u>Morris Gad, Director</u>
Address: <u>12 East 49th Street</u>	Address: <u>100 Park Avenue</u>
<u>39th Floor</u>	<u>19th Floor</u>
<u>New York, New York 10017</u>	<u>New York, New York 10017</u>

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

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
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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: Corporation Service Company  
Address: 1201 Hays Street  
Tallahassee, FL 32301

**ARTICLE VII INCORPORATOR**

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

Name: Elisheva Mochkin  
Address: 12 East 49 Street, 39th Floor  
New York, New York 10017

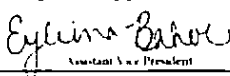
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**ARTICLE VIII EFFECTIVE DATE:**

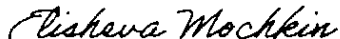
Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

**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*

Corporation Service Company  
By:  07/01/2021  
Required Signature/Registered Agent 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.*

 July 1, 2021  
Required Signature/Incorporator Date