

MAY/17/2016/TUE 12:56 PM

FAX No.

P.001

5/17/2016

Division of Corporations

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Florida Department of State
Division of Corporations
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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

**FLORIDA PROFIT/NON PROFIT CORPORATION
DISCOVERY INVESTIGATION CENTER MIAMI, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	03
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16 MAY 17 AM 10:31

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05/18/16

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Help

ARTICLES OF INCORPORATION

In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAMEThe name of the corporation shall be: DISCOVERY INVESTIGATION CENTER MIAMI, INC.**ARTICLE II PRINCIPAL OFFICE**Principal street address:
202 NE 65 STREETMailing address, if different is:
SAMEMIAMI, FL 33138**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: _____

This organization will provide donations and benefits to community.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: Minutes & By-Laws**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Elio A. Vendittelli (P/D) Name and Title: _____Address: 202 NE 65 STREET Address: _____MIAMI, FL 33138Name and Title: Jaine A. Vitacura (V/D) Name and Title: _____Address: 202 NE 65 STREET Address: _____MIAMI, FL 33138

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 AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:Name: JOEL ROZASAddress: 202 NE 65 STREETMIAMI, FL 33138**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: Elio A. VendittelliAddress: 202 NE 65 STREETMIAMI, FL 33138**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 business days prior or 90 business 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 of Registered Agent_____
Date*I submit this document and affirm that the facts stated herein are true. I am aware that any 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 of Incorporator_____
DateFILED
DEPARTMENT OF STATE
16 MAY 17 AM 10:31
TALLAHASSEE, FLORIDA