Florida Department of State
Division of Corporations
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To:
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From:
Account Name : DORIS ACCOUNTING & TAX SERVICE CORP
Account Number : I20190000104
Phone : (305)480-0269
Fax Number : (305)480-0518

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

Email Address: Fundaciondivanos@hotmail.com

FLORIDA PROFIT/NON PROFIT CORPORATION
DIVANOS CORPORATION

Certificate of Status	0
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COVER LETTER

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

SUBJECT: DIVINOS CORPORATION
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed is 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

ADDITIONAL COPY REQUIRED

FROM: DORIS ACCOUNTING & TAX SERVICE CORP
Name (Printed or typed)

10154 W FLAGLER ST
Address

MIAMI, FLORIDA 33174
City, State & Zip

305 480 0269
Daytime Telephone number

Fundacionlinnosa@hotmail.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 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: DIVANOS CORPORATION

ARTICLE II PRINCIPAL OFFICE

Principal street address:

8830 NW 36 STREET UNIT 1413

DORAL, FLORIDA 33178

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: SERVICE AND CHARITY ORGANIZATION

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JUAN C ANGARITA LOPEZ P

Address: 8830 NW 36 STREET UNIT 1413
DORAL, FLORIDA 33178

Name and Title: MAURA M Alonso Aldana VP

Address: 8830 NW 36 STREET UNIT 1413
DORAL, FLORIDA 33178

Name and Title: Juan M Angarita Alonso S

Address: 8830 NW 36 STREET UNIT 1413
DORAL, FLORIDA 33178

Name and Title: Isabella Angarita Alonso T

Address: 8830 NW 36 STREET UNIT 1413
DORAL, FLORIDA 33178

Name and Title:

Address:

Name and Title:

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: JUAN C ANGARITA LOPEZ

Address: 8830 NW 36 ST UNIT 1413

DORAL, FLORIDA 33178

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TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

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

Name: DORIS POLANCO

Address: 10154 W FLAGLER ST

MIAMI, FL 33174

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

Juan C. Angarita — 02/29/2020

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.

02/29/2020

Required Signature of Incorporator — Date