

P 000000024959

TRANSMITTAL LETTER

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

FILED  
00 MAR -6 PM 12:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
8000003158388  
-03/06/00--01102--012  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

SUBJECT: DM SOD COMPANY

(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

☐ \$122.50  
Filing Fee  
& Certified Copy

☐ \$131.25  
Filing Fee,  
Certified Copy  
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Margarita Barriga  
Name (Printed or typed)

18670 S.W. 16<sup>th</sup> St.  
Address

Pembroke Pines, FL 33029  
City, State & Zip

(305) 796-8931  
Daytime Telephone number

ENCLOSURE

MAR 10 2000

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

## ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

### ARTICLE I NAME

The name of the corporation shall be:

DM SOD COMPANY.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

18670 S.W. 16<sup>th</sup> St.  
Pembroke Pines, FL 33029

### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100 (one hundred)

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Margarita Barriga  
18670 S.W. 16<sup>th</sup> St.  
Pembroke Pines, FL 33029

### ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Margarita Barriga  
18670 S.W. 16<sup>th</sup> St.  
Pembroke Pines, FL 33029

M. Barriga  
Signature/Incorporator

3-3-00  
Date

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent

M. Barriga  
Signature/Registered Agent

3-3-00  
Date

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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