# 104000/33436

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corporation name(s) & docu	MENT NUMBER(S)	(if known):	
1. (Corporation Name)	(Do	oument #}	
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OTHER FILINGS	REGISTRATION/		
Annual Report	QUALIFICATION		
Fictitious Name	Foreign		
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	Reinstatement		
	Trademark		
1	Other	Evaminar's Initials	

Examiner's Initials

CR2F031/9/92)

## ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of incorporation.

## ARTICLE I - NAME

The name of the cornoration shall be: 6.D.M. Financial Group Corp	ZOON SEP 23   SECRETARY OF TALLAHASSEE,	Ī
ARTICLE II – PRINCIPAL OFFICE	P 12: 30	Ö

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

5901. NW. 151. ST Suite 206 MPAMP LAKES, FC 3301X

# ARTICLE III -SHARES

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

150

ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

MAGALY GUDE 5901\_NW.151.ST MIAMPLAKES. FL 3301K.

### ARTICLE V - INCORPORATOR

The name and street address of the incorporator to these Articles of

incorporation is.
LESCIE GONZACEZ  5901 NW. 1519T SVITE 206  110 April LAKES FL 33014  The undersigned incorporator has executed these Articles of Incorporation this day of 20  Signature
ARTICLE VI- DIRECTOR(S)

The name(s) and street address(es) of the director(s) to these Articles of Incorporation is (are);

Leslie GONZALEZ (P)

HAGALY GUDE (VP)

AHASSELPT STOP

JOHN MORFA. (ST)

JOHN MORFA. (ST)

JOHN MORFA. (ST)

JOHN MORFA. (ST)

JOHN JOHN JOHN STEED AGENT /REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at 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 related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

Registered Agent Signature