Division of Corporations
Public Access System

### Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H06000080882 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)205-0381

From:

Account Name : FAS-T CORP. AGENTS, INC.

and the state of t

Account Number: 071001002335 Phone: (305)599-0839 Fax Number: (305)716-0346

FLORIDA PROFIT/NON PROFIT CORPORATION

DAGOBERTO MANAGEMENT, INC.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu

Help

MRD3/28 MRD3/27/2006 1:49 PM

# FILED

06 MAR 27 PM 2: 23

SECRETARY OF STATE TALLAHASSEE, FLORIDA

## ARTICLES OF INCORPORATION OF

## DAGOBERTO MANAGEMENT, INC.

(name of corporation)

The undersigned subscriber(s) to these Articles of Incorporation, natural person(s)

Competent to contract, hereby form a corporation under the laws of State of Florida.

ARTICLE I - CORPORATE NAME

The name of the corporation is: DAGOBERTO MANAGEMENT. INC.

ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities permitted under the laws of the United States and the State of Florida.

#### ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue <u>One hundred</u> shares (100) of <u>five Dollar</u> (s) (\$5.00) par value common stock, which shall be designated "Common Shares".

ARTICLE V-INITIAL REGISTERED OFFICE AND AGENT

The street address of the Initial Registered Agent office and name of the at office is:

NAME	DAGOBER	TO CASTANE	DA			
ADDRESS	3530 NW 9	ST				
CITY	MIAMI	STATE	FL	ZIP	33147	

The principal office, if known or the mailing address of the corporation is:

NAME	DAGOBERT	O CASTANE	DA -		
ADDRESS	3530 NW 98 S	ירי			
CITY	MIAMI	STATE	FL	ZIP 33147	

#### ARTICLE VI-INITIAL BOARD OF DIRECTORS

This corporation shall have <u>ONE (1)</u> director initially. The number of directors may be either increased or diminished from time to time by -laws, but shall never be less than one (1).

The name and addresses of the initial director (s) of the corporation are as followers:

H060<u>00080882\_3</u> NAME DAGOBERTO CASTANEDA 3530 NW 98 ST **ADDRESS** FLORIDA MIAMI STATE ZIP 33147 CITY NAME **ADDRESS** CITY NAME ADDRESS CITY NAME **ADDRESS** CITY NAME **ADDRESS** CITY

### ARTICLE VII-INCORPORATORS

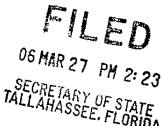
The name and addresses of the incorporators signing theses Articles of Incorporation are as follows:

20110 110 .							
NAME	DAGOBERTO CAS	TANEDA					
ADDRESS	3530 NW 98 ST		,				,
CITY	MIAMI	STATE	FLORIDA	ZIP	33147		
NAME							
ADDRESS							<u> </u>
CITY							
NAME							-
ADDRESS							
CITY							
NAME	Are			-			
ADDRESS					·· · · · · · · · · · · · · · · · · · ·		··
CITY						· · · · · · · · · · · · · · · · · · ·	
NAME							
ADDRESS				****			
CITY							

IN WITNESS WHERE OF, the undersigned subscriber (a) have executed these Articles of Incorporation this <u>27<sup>TH</sup></u> of <u>MARCH</u>, 2006.

PREPARED	: SOSA ACCOUNTING TAX SERVI 570 EAST 49 STREET HIALEAH, FL 33013	(Seal)
	(305) 688-1716	( Seal)
	(305) 688 - 1714	( Seal)
	•	( Seal)
H06000080882 3		( Seal)

# CERTIFICATE AND ACKNOWLEDGEMENT OF REGISTERED AGENT



#### CERTIFICATE OF REGISTERED AGENT

**OF** 

### DAGOBERTO MANAGEMENT, INC.

(name of corporation)

Pursuant to Statutes Sections 48.091 and 607.0501, the following is submitted: The above corporation, to organize under the laws of the State of Florida with Its registered office as indicated in the Articles of Incorporation.

AT:	3530 NW 98 ST					
	MIAMI, FL 33147					
Has named	DAGOBERTO CASTANEDA	, 	· 			

Located at the aforesaid address, as its Registered Agent to accept service of process within this state.

#### ACKNOWLEDGEMENT

Having bee named as Registered Agent to accept service of process for the above state corporation at the place designated in this certificate, and being familiar with the obligations of that position, I hereby accept to act in this capacity, and agree to comply with provisions of Florida Lawn in Keeping open said office.

(xegistered agent)