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FLORIDA PROFIT/NON PROFIT CORPOR

D. NINO GROUP, INC

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### H08000169338

### 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 corporation shall be: D. NINO GROUP, INC

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### ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:
16244 SW 18 PLACE
MIAMI, FL 33027

#### ARTICLE III SHARES

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

1000 Shares of \$1.00

#### <u>ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS</u>

The name and address of the initial registered agent is:

ADA L SALAS

16244 SW 18 PLACE

MIAMI, FL 33027

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### ARTICLE V INCORPORATOR(S)

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

RAUL R. DEL GALLEGO 16244 SW 18 PLACE MIAMI, FL 33027

### ARTICLE VI

The name(s) and street address(ea) of the director(s) to these Article of Incorporation is (are): ADA L SALAS 16244 SW 18 PLACE MIAMI, FL 33027 PRESIDENT

> RAUL R. DEL GALLEGO 16244 SW 18 PLACE MIAMI, FL 33027 VICE-PRESIDENT

The undersigned incorporato(s) has(have) executed these Articles of Incorporation this 9<sup>TH</sup> Day of July, 2008.

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### CERTIFICATE OF DESIGNATION REGISTERES AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

۱.	The name of the corporation is: D. NINO GROUP, INC
ŀ.	The name and address of the registered agent and office is:
	ADA L SALAS
	(NAME)
	16244 SW 18 PLACE
	(P.O.BOX NOT ACCEPTABLE)
	MIRAMAR, FL 33027
	//TTV/QTATE/7719\

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.

Ada L Salas - Register Agent.

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