

Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Tax Number

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From:

: LAZARUS CORPORATE FILING SERVICE, INC. Account Name

Account Number : 120000000019

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(305) 552-5973

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FLORIDA PROFIT/NON PROFIT CORPORATION

DAIPAS CORP.

Certificate of Status	0
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APPRUVE. AND FALL FOR P2

09 JAN 27 PH 1:45

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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:

Daipas Comp.

ARTICLE II - PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS AND MAILING OF THIS CORPORATION SHALL BE:

113 85 300 W ST. Miami FL 33174

ARTICLE III - SHARES

THE NUMBER OF SHARES OF STOCK THAT THIS CORPORATION IS AUTHORIZED TO HAVE OUTSTANDING AT ANY ONE TIME IS:

100

ARTICLE IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

THE NAME AND ADDRESS OF THE INITIAL REGISTERED AGENT IS

Daily Robriguez.
11385 See 65T.
Miami FL 33174

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FROM : LAZARUS

FAX NO. :3052201440

APPROVES Jan. 27 2009 01:48PM P3

09 JAN 27 PH 1:45

H09000019043

SECRETARY OF STATE TALLAHASSEE, FLORIDA

<u> ARTICLE V – INCORPORATOR</u>

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

Daily Robniques

Miomi 1-C 33174

The undersigned incorporator has executed these Articles of Incorporation this ____ day of

Signature

E VI- DIRECTOR (S)

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

Doily Robriquez President
Paulo Hermandez Viu Precident

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT & <u>REGISTERED OFFICE</u>

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