## P110000)27455

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



100198351971

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## **COVER LETTER**

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

TE NAME – MUST INCLUDE SUFFIX)
TE NAME – <u>MUST INCLUDE SUFFIX</u> )
cles of incorporation and a check for:
\$78.75 \$87.50 Filing Fee Filing Fee, & Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED
(Printed or typed)
#1705 Address
State & Zip
elephone number
for future annual report notification)

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

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I	NAME -	. ^ ^			
The name of the	NAME corporation shall be: DGF Fo	rex (spital)	la c		
ARTICLE II	PRINCIPAL OFFICE	1 10000	W.C.	•	
	Principal street address	_	Mailing address,	if different is:	
	7901 Historia Ave 17				<del></del>
	Miami Bruch FC 3314	<u> </u>			
ARTICLE III	PURPOSE				
The purpose for	which the corporation is organized is:				
Investing	in horex exchange	nerket to p	vertible ve	;eolte.	
ARTICLE IV The number of sh	SHARES  ares of stock is:				
ARTICLE V	INITIAL OFFICERS AND/OR DI	RECTORS			
	Title: David Faulds Presiden	HEO Name and Titl	e:		
Address:	7901 Hispanola Ave				
	Mand Bruch FL33	21.41			
	Title:		le:		
Address:		Address:		<u></u>	
		<del></del>	<del> </del>		<del></del>
	Title:		e:		<del></del>
Address:		Address:	-		<del></del>
			·	<b>هــــ</b> در	
ARTICLE VI	REGISTERED AGENT			景	د مؤ <sub>ار</sub> 70 مع
The <u>name and F</u> Name:	lorida street address (P.O. Box NOT acc	ceptable) of the registered ag	ent is:	√, <sup>-1</sup>	program and
Address:	2901 Hispanola Au	2.1705		ျှံ့ တ	
		33141			
				- 553 vm	
	INCORPORATOR Idress of the Incorporator is: ,				
Name:	The Medical Frances			*( C.)	
Address:	7901 Hisamola Ave	1.705			
	Minn Beach F	L33141			
Uming been no	ned as registered agent/to accept service	e of process for the chose s	tated comparation	of the place de	inwated in
	peu as registereu agenyto accept service am familiar with and accept the appoint				ngnuteu in
		and the second transfer to the second transfer transfer to the second transfer transf		1	
<del></del>	1 lave FS		3	ilolu	
	Required Signature/Registered	Agent		Date	
I submit this document to the	rument and affirm that the facts stated Department of State constitutes a third de	herein are true. I am awar	e that the false i in s.817.155. F.S	nformation sub	nitted in a
,	Comment of the contract of the	o jaiony ao provinca jor	woerseven a sun	1 1	
~ 1	pue TX			3(17) lu	
	Required Signature/Incorpor	ator	,	Date	