

Florida Department of State Division of Corporations

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Electronic Filing Menu

Corporate Filing Menu

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SECRETARY OF STATE DIVISION OF CORPORATION

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) III MAY | | PM |: 43

| The name of the corpora | ME ation shall be: | DB IN | VEST MENT MA | MAGE MENT CORP |
|--|---|---------------------------------------|--|-------------------------------------|
| ARTICLE II PR | INCIPAL OFFICE | | | |
| | Principal street addres | St. a Common | E ao Mailing | address, if different is: |
| 593 | / Nu 173 | 80 374 | 2931 N | W 173 DR STE 9 |
| 771.14 | mi FL | 330/7 | <u></u> | 70 3500 |
| | | | · | |
| ARTICLE III PUI | | | | |
| The purpose for which the corporation is organized is: | | | | |
| | <i>[1]</i> | AN AGEMENT | - SERVICE. | 2 |
| | • | | - | |
| | | | • | • |
| | | | | |
| ARTICLE IV SH | ARES | | | |
| The number of shares o | | 9 | | |
| | _ | • | | |
| | <u>itial officers a</u> Ra <i>fael</i> | | | |
| Name and The:_ Address: | | ESIDE AT | Name and True: | |
| vomera. | | 173 PR S | | |
| - - | | - 33015 | | |
| - | | | | • |
| Name and Title: | | | Name and Title: Address: | |
| Address: | | | Address: | |
| - | | | | |
| | | | | |
| Name and Title: | • | · · | Name and Title: | |
| Address: _ | - | | Address: | |
| - | | | | |
| | | | | |
| | GISTERED AGENT | - | | |
| Name and Florida | Street aggress (P.U. B | ox NOT acceptable) | of the registered agent is: | |
| Address: | 5931 NW | | | |
| | | FL 33015 | | |
| | | | | |
| ARTICLE VII IN | | | | • |
| Name: | | CO FAR | E (A) | • |
| Address: | 5931 NW | | 759 | • |
| | MIAMI | F1 330 | 玄 | , |
| | | | | |
| Having oven named a | s registered agent to ac | coept service of proc | ess for the above stated con egistered agent and agree to | poration at the place designated in |
| inis certificate, t am jai | тиниг жүл-а ни ассерт г | ие арринитент as r | shausen aksut tara akies t | ace in this capacity |
| Story | of seem | | | 5/10/2011 |
| | Required Signature | Registered Agent | | Date |
| • | | | • | LANG |
| I submit this documen | t and affirm that the f | lacts stated herein a | re true. I am aware that ti | he fake information submitted in a |
| document to the Department of State constitutes a third degree felony as provided for in s.817.159, F.S. | | | | |
| A Dear | 2/1 | | | -1.1.1 |
| 100 Anoth | - Recoursed Signation | ite/Incorporator | · | 5/10/2011 |
| | () | · · · · · · · · · · · · · · · · · · · | | , paw |