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Florida Department of State  
Division of Corporations  
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To:  
Division of Corporations  
Fax Number : (850) 617-6381

From:  
Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

FLORIDA PROFIT/NON PROFIT CORPORATION  
DONELIAS RESTORATION AND POLISHING, INC.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

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Corporate Filing Menu

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

**ARTICLE I NAME** DONELIAS RESTORATION AND POLISHING, INC.  
The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
3723 SW 26 TERR.  
CORAL GABLES, FL 33134

Mailing address, if different is:  
SAME

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
ANY AND ALL LAWFUL BUSINESS

**ARTICLE IV SHARES**

The number of shares of stock is 3

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: P/D/ MARTA D. GOICOECHEA	Name and Title: _____
Address: 3723 SW 26 TERR.	Address: _____
CORAL GABLES, FL 33134	_____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: MARTA D. GOICOECHEA  
Address: 3723 SW 26 TERR.  
CORAL GABLES, FL 33134

**ARTICLE VII INCORPORATOR**

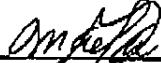
The name and address of the Incorporator is:

Name: MARTA D. GOICOECHEA  
Address: 3723 SW 26 TERR.  
CORAL GABLES, FL 33134

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

 \_\_\_\_\_ 7-4-12  
Required Signature/Registered Agent Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

 \_\_\_\_\_ 7-4-12  
Required Signature/Incorporator Date

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