

# P12000094481

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : BLANCO ACCOUNTING I, INC.  
Account Number : I20100000060  
Phone : (305)828-1148  
Fax Number : (305)828-1709

**\*\*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 DODA CORP

Certificate of Status	0
Certified Copy	0
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*11/14/12*

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Corporate Filing Menu

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SECRETARY OF STATE

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

**ARTICLE I NAME**

The name of the corporation shall be: DODA CORP

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
13310 SW 152nd Street Suite 3106  
Miami FL 33177

Mailing address, if different is:

**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: 100

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

Name and Title: GASPAR A TORRES FARINAS PRESIDENT  
Address: 13310 SW 152nd Street Suite 3106  
Miami FL 33177

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: GASPAR A TORRES FARINAS  
Address: 13310 SW 152nd Street Suite 3106  
Miami FL 33177

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: GASPAR A TORRES FARINAS  
Address: 13310 SW 152nd Street Suite 3106  
Miami FL 33177

*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*

\_\_\_\_\_  
Required Signature/Registered Agent

11/13/2012

\_\_\_\_\_  
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.*

\_\_\_\_\_  
Required Signature/Incorporator

11/13/2012

\_\_\_\_\_  
Date

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STATE