P13000098069

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

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

| SUBJECT: Festiv | val de Independencia La | a Republica Domin | icana, Inc. |
|--|--|-------------------------------------|--|
| | (PROPOSED CORPORA | TE NAME – <u>MUST INCL</u> | UDE SUFFIX) |
| Enclosed are an orig | inal and one (1) copy of the art | icles of incorporation and | d a check for: |
| \$70.00 Filing Fee | ■ \$78.75 Filing Fee & Certificate of Status | \$78.75 Filing Fee & Certified Copy | \$87.50 Filing Fee, Certified Copy & Certificate of Status |
| | | ADDITIONAL CO | PY REQUIRED |
| | | e (Printed or typed) | |
| 10 | 02 Cherrywood C | | |
| Ki | ssimmee, FL. 34 | | |
| and and the second seco | | State & Zip | |
| 40 | 7-709-2500 | | |
| | Daytime T | elephone number | |
| | E-mail address: (to be use | ed 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)

| The name of the corporat | tion shall be: Festival de Independe | ncia la Republica Dominicar | ia, Inc. |
|--|---|-----------------------------|------------------|
| | NCIPAL OFFICE Principal street address | Mailing address, if | |
| Kissimmee, | FL. 34743 | | |
| ARTICLE III PURI The purpose for which the | POSE the corporation is organized is: any a | nd all legal use. | |
| | | | 30 C.: |
| ARTICLE IV SHA The number of shares of | | | FRAY COMPERATION |
| Name and Title | Miguel Lima - President | Name and Title: | |
| Address | 102 Cherrywood Ct. Kissimmee, FL. 34743 | Address: | |
| Name and Title: | | | |
| | | | |
| Name and Title: | | Address: | |
| | | | |

| Name and | d Title: | Name and Title: |
|-----------------|---|---|
| Address | | Address: |
| | | |
| | | |
| ARTICLE VI | REGISTERED AGENT orida street address (P.O. Box NOT acceptable) | of the registered agent is: |
| Name: | Miguel Lima | |
| Address: | 102 Cherrywood Ct. | _ |
| | Kissimmee, FL. 34743 | _ |
| ARTICLE VII | INCORPORATOR | SING TOPEC |
| The name and ad | dress of the Incorporator is: | j 9544 - 1525 |
| Name: | Miguel Lima | |
| Address: | 102 Cherrywood Ct. | |
| | Kissimmee, FL. 34743 | 26 |
| | um familiar with and accept the appointment as re | - Comments of the Comments of |
| | Required Signature/Registered Agent | /2-4-2013 Date |
| | | |
| | Required Signature/Incorporator | /2- 4- 20/3 Date |
| | | |

December 4, 2013

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

RE: P12000008045

We release by the signature below to the newly enclosed articles, we no longer will be using the name With document number, P12000008045. Any questions feel free to reach us at 407-344-7464.

Cordially,

Miguel Lima

The Control of 1/2