

06/27/07 06:07

0808 P.001/03

Division of Corporations

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 : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305) 552-5973
Fax Number : (305) 675-5944

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

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**FLORIDA PROFIT/NON PROFIT CORPORATION
DIALIV CORP**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

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P. 03

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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:

DIALIV CORP

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

1710 NW 105 AVE

PEMBROKE PINES, FL 33026

Mailing address, if different is:

1710 NW 105 AVE

PEMBROKE PINES, FL 33026

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: **MARIANA RIVAS (P)**

Address

1710 NW 105 AVENUE

PEMBROKE PINES, FL

33026

Name and Title: **ANA MATOS (S)**

Address

1710 NW 105 AVENUE

PEMBROKE PINES, FL

33026

Name and Title:

Address

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

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(cont.)

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:

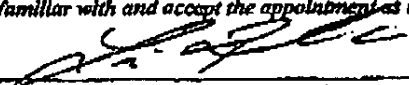
Name: LUIS ROSALES
Address: 5931 NW 173 DR STE 9
MIAMI, FL 33015

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

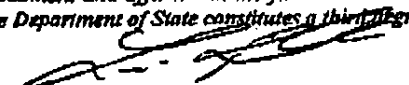
Name: LUIS ROSALES
Address: 5931 NW 173 DR STE 9
MIAMI, FL 33015

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

8/18/14
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

8/18/14
Date

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RECORDS & COMMUNICATIONS
DIVISION OF REVENUE

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