P14000069101

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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Division of Corporations
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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

B 8/19/14

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

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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	Mailing address, if different is:
1710 NW 105 AVE	1710 NW 105 AVE
PEMBROKE PINES, FL 33026	PEMBROKE PINES, FL 33026

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

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ARTICLE IV SHARES
The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MARIANA RIVAS (P)	Name and Title: ANA MATOS (S)
Address: 1710 NW 105 AVENUE PEMBROKE PINES, FL 33026	Address: 1710 NW 105 AVENUE PEMBROKE PINES, FL 33026
Name and Title:	Name and Title:
Address:	Address:
Name and Title:	Name and Title:
Address:	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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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.

_____ 8/18/14
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.

_____ 8/18/14
Required Signature/Incorporator Date