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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

✓ 09/23/14

COVER LETTER

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

SUBJECT: **DI Online, Inc.**

(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and 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 COPY REQUIRED

FROM: **Gabriel Bouskila**

Name (Printed or typed)

592 Fifth Avenue, 2nd Floor

Address

New York, New York 10036

City, State & Zip

646-378-6642

Daytime Telephone number

gb@almod.com

E-mail address: (to be used 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)

ARTICLE I NAME

The name of the corporation shall be: DI Online, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

2305 NW 107th Avenue, Suite MA-14-15
Miami, Florida 33172

Mailing address, if different is:

592 Fifth Avenue, 2nd Floor
New York, New York 10036

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: 200, no par value.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Albert Gad, President

Address: 592 Fifth Avenue, 9th Floor
New York, New York 10036

Name and Title: Morris Gad, Vice President

Address: 592 Fifth Avenue, 8th Floor
New York, New York 10036

Name and Title: Donna Gad, Secretary

Address: 592 Fifth Avenue, 8th Floor
New York, New York 10036

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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TALLAHASSEE, FLORIDA

(conti.)

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: Yaron Batito
Address: 2305 NW 107th Avenue, Suite MA14-15
Miami, Florida 33172

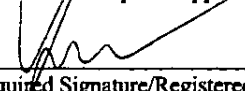
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Gabriel Bouskila, Esq.
Address: 592 Fifth Avenue, 2nd Floor
New York, NY 10036

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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

9/16/14

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

9/16/14

Date