

11/6/2015

P. 001

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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FLORIDA PROFIT/NON PROFIT CORPORATION
DAS SYSTEMS MIAMI, INC.

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Corporate Filing Menu

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P. 002

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: DAS SYSTEMS MIAMI, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

7213 SW 48 STREET

MIAMI, FL 33155

Mailing address, if different is:

SAME

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: SHARES: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ELLEN TORRES (P/S/D)

Address

7213 SW 48 STREET

MIAMI, FL 33155

Name and Title: _____

Address: _____

Name and Title: _____

Address

Name and Title: _____

Address: _____

Name and Title: _____

Address

Name and Title: _____

Address: _____

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TALLAHASSEE, FLORIDA

Name and Title: _____ Name and Title: _____
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ARTICLE VI REGISTERED AGENT

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

Name: ELLEN TORRES
Address: 7213 SW 48 STREET
MIAMI, FL 33155

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ELLEN TORRES
Address: 7213 SW 48 STREET
MIAMI, FL 33155

ARTICLE VIII EFFECTIVE DATE:

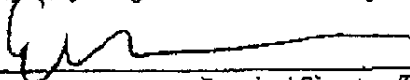
Effective date, if other than the date of filing: JANUARY 01, 2016

(OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)


Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

10/3/15
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

10/3/15
Date