

**Division of Corporations Electronic Filing Cover Sheet** 

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000023627 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6381

From:

Account Name : VCORP SERVICES, LLC

Account Number : I20080000067 : (845)425-0077 Phone

Fax Number : (845)818-3588

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

## FLORIDA PROFIT/NON PROFIT CORPORATION

**Direct Marketing Inc** 

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

Electronic Filing Menu

Corporate Filing Menu

Help

## (#160000236773)

## ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME The name of the corporat	ion shall be:		
ARTICLE II PRINC		Mailing address, if differen	ıt is:
1932 East Sunrise Boul	evard		
Fort Lauderdale, FL 33	304		
ARTICLE III PURPO The purpose for which the	2SE Marketing the corporation is organized is:	g and Advertisting	
			- Sor
ARTICLE IV SHARE The number of shares of	ES 100 slock is:		USE IAR OF TAR SA
ARTICLE V INITIA	L OFFICERS AND/OR DIRECTORS		3 37
	Avial Aurinau Brasidant	Name and Title:	OF STATE
Address	1932 Fast Sunrise Boulevard	Address:	—————————————————————————————————————
	Fort Lauderdale, ITL 33304	_	
Name and Title		Name and Title:	
Address		Address:	<del>.</del>
Name and Title		Name and Title:	·
Address		Address:	

## (4160000236273)

Name a	nd 'l'itle:	Name and Title;	_
Addres		Address:	
<u>ARTICLE VI</u>	REGISTERED AGENT		
	Torida street address (P.O. Box NOT acceptable Ariel Aminov	e) of the registered agent is:	
Name:	1932 East Sunrise Boulevard	<del></del>	
Address:	Fort Lauderdale, FL 33304		
<u>ARTICLE VII</u>	INCORPORATOR	— SAN	SECKE
The name and a	address of the Incorporator is:	% ⊕	∵ 0 <b>~</b>
Name:	Raecsa Ibrahim	12% 	
Address:	25 Robert Pitt Drive, Suite 204		SA
	Monsey, NY 10952	<del>-</del>	SKS E
Effective date, i	EFFECTIVE DATE: f other than the date of filing: date is listed, the date must be specific and ca	, (OPTIONAL) Innot be more than five business days prior or 90 busines	<b>33</b>
		able statutory filing requirements, this date will not be listed rds.	85
Having been na this certificate, t	amed as registered agent to accept service of pro- l am families with and accept the appointment a	ocass for the above stated corporation at the place designate is registered agent and agree to act in this capacity	ed in
	Required Signature/Registered Agent	Date	_
I submit this da document to fice	cument and affirm that the facts stated herein Department of State constitutes a third degree f	are true. I am uware that the fulse information submitted felony us provided for in \$.817.155, F.S.	in u
- Pagi	used Signatury Incorporator	Thus	_