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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

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**FLORIDA PROFIT/NON PROFIT CORPORATION
DMFA SERVICE CORP**

Certificate of Status	0
Certified Copy	1
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March 14, 2016

FLORIDA DEPARTMENT OF STATE

Division of Corporations

LAZARUS CORPORATE FILING SERVICE, INC.

SUBJECT: DMFA SERVICE CORP

REF: W16000018836

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We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The person designated as registered agent in the document and the person signing as registered agent must be the same.

The person designated as incorporator in the document and the person signing as incorporator must be the same.

If you have any further questions concerning your document, please call (850) 245-6052.

Claretha Golden
Regulatory Specialist II
New Filing Section

FAX Aud. #: H16000063495
Letter Number: 916A00005180

The signature is
correct. PLEASE FILE.

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

H16000063495

ARTICLE I NAME: The name of the corporation is:

DMFA service corp

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

12700 NW 11th TERRACE SUITE B
MIAMI, FL 33182

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

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

DIDIER MANUEL FUENTES ARIAS - President
ANACADNA CAMPOS - VP
ANA SOFIA ARIAS - T

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ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and Florida street address (PO Box not acceptable) of the registered agent is:

DIDIER MANUEL FUENTES ARIAS
12700 N.W. 11 Terr. Suite B
Miami FL 33182

ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:

Didier MANUEL FUENTES ARIAS
12700 N.W. 11 Terr. Suite B
Miami

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Required Signatures:

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

Rickie Fuentes

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.

Rickie Fuentes

Incorporator

Date

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