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(Red	questor's Name)				
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(City	//State/Zip/Phone	e #)			
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(Doc	(Document Number)				
Certified Copies	Certificates	of Status			
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CORPORATION NAME(S) & DOCUMENT NUMBERS(S):

1.	DC Bra	nite &	Marbk	Company	-
	(CORPORATE NAME)		(DC	DCUMENT#)	
,					
۷.	(CORPORATE NAME)		(DC	OCUMENT #)	
3.					
	(CORPORATE NAME)		(DC	DCUMENT #)	
	Walk-In Pick u	p time:	Certified Copy	\square Certificate Of Status	

	New Filings
1	Profit
	Non-Profit
	Limited Liability
	Other:

Amendments
Amendments
Resignation
Dissolution/Withdrawal
Other:

Other Filings
Annual Report
Fictitious Name
Apostille:
Other:

Examiners	Initials	

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

DTICLEH BESS	CID II OFFICE		
ARTICLE II PRING	Principal <u>street</u> address	Mailing a	address, if different is:
1012 EAST 17 STREE	Т		
HIALEAH, FL 33010			
ARTICLE III PURP The purpose for which	OSE the corporation is organized is:ANY ANI	O ALL LAWFUL BUSINES	S
	v. 		
			- B
RTICLE IV SHAR The number of shares of	ES SHARES: 100 stock is:		JUN 14 PH 4:
	AL OFFICERS AND/OR DIRECTORS		22 Z
	DAYAN CORTINAS (P) 1012 EAST 12 STREET	Name and Title:	7 ∼
Address	HIALEAH, FL 33010	Address:	
	THIRDENI, I D 3301V		
Name and Title		Name and Title:	
Address			
			· . .

		Name and Title:	
Name and Title:	· · · · · · · · · · · · · · · · · · ·		
Name and Title:		Address:	

Name and Title:		Name and Title:	
Address		Address:	
	- 1 - 122 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		
	REGISTERED AGENT		
Name:	Florida street address (P.O. Box NOT accept DAYAN CORTINAS	ible) of the registered agent is:	
Address:	1012 EAST 12 STREET		
	HIALEAH, FL 33010	16 J	
ARTICLE VII	<u>INCORPORATOR</u>	HASSER ALL	
The name and a	address of the Incorporator is:		
Name:	DAYAN CORTINAS	FLORATE CORRECTION OF THE PROPERTY OF THE PROP	
Address:	1012 EAST 12 STREET		
	HIALEAH, FL 33010	- 100	
Effective date, if (If an effective days after the fine Note: If the date	iling.)	cannot be more than five business days prior or 90 business table statutory filing requirements, this date will not be listed	
Having been na this certificate, I	med as registered agent to accept service of p am familiar with and accept the appointmen.	process for the above stated corporation at the place designate t as registered agent and agree to act in this capacity	ed in
Q Dar	(1 17)	06/13/2016	
	Required Signature/Registered Age	nt Date	
I submit this do document to the	cument and affirm that the facts stated here Department of State constitutes a third degre	in are true. I am aware that the false information submitted e felony as provided for in s.817.155, F.S.	in a
@ Da	Man .	06/13/2016	
Requ	irod Signature/Incorporator	Date	_