

Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations
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From:

Account Name : CORP USA
Account Number : 072450003255
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Fax Number : (305) 633-9696

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

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION DML AR, INC.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

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Corporate Filing Menu

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16 JUL 12 AM 10:27

16 JUL 12 AM 10:29

JUL 14 2016

T. SCOTT

113192

PLEASE RECEIVED
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416000167703

COVER LETTER

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

SUBJECT: DML AR, 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: CRISTIAN GIACULLI

Name (Printed or typed)

20807 BISCAYNE BLVD. SUITE 104

Address

AVENTURA, FL 33180

City, State & Zip

3059877240

Daytime Telephone number

lavand@grgcpa.com

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

in compliance with Chapter 067 and/or Chapter 021, F.S. (F1010)

ARTICLE I NAME

The name of the corporation shall be: DML AR, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

20807 BISCAYNE BLVD. # 104

AVENTURA, FL 33180

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: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: HUGO D. MANCINI, PRESIDENT

Name and Title: _____

Address 20807 BISCAYNE BLVD. # 104

Address: _____

AVENTURA, FL 33180

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

06 JUL 12 AM 10:29

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: MARK GERSTLE
Address: 2630-NE 203 STREET, SUITE 104
AVENTURA, FL 33180

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

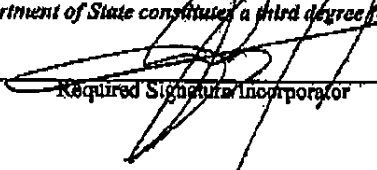
Name: HUGO D. MANCINI
Address: 20807 BISCAYNE BLVD. # 104
AVENTURA, FL 33180

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

7/12/16
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

07/12/16
Date