(((H16000262329 3)))

H160002623293ABC+

| To: | |
|----------------|--|
| | Division of Corporations |
| | Fax Number : (850)617-6381 |
| From: | |
| | Account Name : AT PLUS CORP |
| | Account Number : I20140000860 |
| .:: | Phone : (305)406-3800 |
| - | Fax Number : (305)406-3999 |
| 1352 | |
| | |
| | the email address for this business entity to be used for future |
| ann | ual report mailings. Enter only one email address please.** |
| | |

FLORIDA PROFIT/NON PROFIT CORPORATION DSL MARKETING CONSULTING CORP

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 01 |
| Estimated Charge | \$70.00 |

Electronic Filing Menu

Corporate Filing Menu

Help

OCT 2 5 2016

T. SCOTT

AFFIDAVIT

BEFORE ME, the undersigned authority, on this day personally appeared Desiree M. Silva, who after being firstly duly sworn, under oath, deposes and says:

- 1. The undersigned is also the sole Director and the President of DSL MARKETING CONSULTING CORP., a Florida corporation to be filed with the Florida Department of State on or about OCTOBER 24, 2016.
- 2. The undersigned hereby consents to and authorizes the use by DSL MARKETING CONSULTING CORP. of the name DSL MARKETING CONSULTING CORP.
- 3. The undersigned has personal knowledge of the fact and matter set forth herein and therefore has no intentions of Reinstating the dissolved entity.

FURTHER AFFIANT SAYETH NAUGHT.

Desiree M. Silva

STATE OF FLORIDA

SS:

COUNTY OF MIAMI-DADE)

PERSONALLY appeared before me, Samaria Estrada, who is personally known to me, who being by my first duly sworn, acknowledges that he signed the foregoing for the purposes therein expressed.

Witness my hand and official seal this of day of October, 2016

BEATRIZ E CALDERON

MY COMMISSION #FF128294

EXPIRES Juno 2

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

| RTICLE II PRINCI | PAL OFFICE | | |
|---|--|--|-----------------|
| P 919 VAN BUREN ST | rincipal street address | Mailing address, if dit 301 GOLDEN ISLES DRIVE | |
| PT# 813A | | #506 | |
| OLLYWOOD, FL 3302 | 20-7817 | HALLANDALE BEACH, FL | 33009 |
| RTICLE III PURPOS | SE e corporation is organized is: | | |
| ANY AND ALL LAWF | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| IRTICLE IV SHARE The number of shares of s | S 100 | | |
| he number of shares of s | | | |
| | tock is: | - | |
| ARTICLE V INITIA | L OFFICERS AND/OR DIRECTORS | - | |
| Name and Title: | L <i>OFFICERS AND/OR DIRECTORS</i> DESIREE M. SILVA PRESIDENT | Name and Title: | |
| Name and Title: | DESIREE M. SILVA PRESIDENT 301 GOLDEN ISLES DRIVE | Name and Title:Address: | 061 |
| ARTICLE V INITIA Name and Title: Address | DESIREE M. SILVA PRESIDENT 301 GOLDEN ISLES DRIVE | | |
| ARTICLE V INITIA Name and Title: Address | DESIREE M. SILVA PRESIDENT 301 GOLDEN ISLES DRIVE | | 0CT 2 |
| ARTICLE V INITIA Name and Title: Address | DESIREE M. SILVA PRESIDENT 301 GOLDEN ISLES DRIVE #506 | Address: | 00T24 AP |
| ARTICLE V INITIA Name and Title: Address | DESIREE M. SILVA PRESIDENT 301 GOLDEN ISLES DRIVE #506 | Address: | 0CT 24 AP 8: 55 |
| ARTICLE V INITIA Name and Title: Address | DESIREE M. SILVA PRESIDENT 301 GOLDEN ISLES DRIVE #506 HALLANDALE BEACH, FL 33009 | _ Address:Name and Title: | 00124 At 8: 5 |
| Name and Title: Address Name and Title: | DESIREE M. SILVA PRESIDENT 301 GOLDEN ISLES DRIVE #506 HALLANDALE BEACH, FL 33009 | _ Address:Name and Title: | 0CT 24 AP 8: 55 |
| Name and Title: Address Name and Title: | DESIREE M. SILVA PRESIDENT 301 GOLDEN ISLES DRIVE #506 HALLANDALE BEACH, FL 33009 | _ Address:Name and Title: | 0CT 24 AP 8: 55 |
| Name and Title: Address Name and Title: Address | DESIREE M. SILVA PRESIDENT 301 GOLDEN ISLES DRIVE #506 HALLANDALE BEACH, FL 33009 | Address: Name and Title: Address: | 00124 A 8: 55 |
| Name and Title: Address Name and Title: Address | DESIREE M. SILVA PRESIDENT 301 GOLDEN ISLES DRIVE #506 HALLANDALE BEACH, FL 33009 | Address: Name and Title: Address: Name and Title: | 00124 A 8: 55 |
| Name and Title: Address Name and Title: Address Name and Title: Address | DESIREE M. SILVA PRESIDENT 301 GOLDEN ISLES DRIVE #506 HALLANDALE BEACH, FL 33009 | Address: Name and Title: Address: Name and Title: | 00724 At 8: 55 |

| Name an | d Title: | Name and Title: | |
|--------------------|---|--|--|
| Address | | Address: | |
| | | | |
| | REGISTERED AGENT lorida street address (P.O. Box NOT acceptable |) of the registered agent is: | |
| Name: | DESIREE M. SILVA | | |
| Address: | 301 GOLDEN ISLES DRIVE #506 | | |
| | HALLANDALE BEACH, FL 33009 | - | |
| ARTICLE VII | INCORPORATOR | | |
| The name and a | ddress of the Incorporator is: | | |
| Name: | DESIREE M. SILVA | | |
| Address: | 301 GOLDEN ISLES DRIVE #506 | | |
| | HALLANDALE BEACH, FL 33009 | | |
| ARTICLE VIII | EFFECTIVE DATE; | | |
| Effective date, it | f other than the date of filing: | OPTIONA. (OPTIONA | |
| | e inserted in this block does not meet the applica effective date on the Department of State's recon | | nts, this date will not be listed as |
| | med as registered agent to accept service of pro- l am familiar with and accept the appointment as | | |
| Silva | | | 10/24/2016 |
| | Required Signature/Registered Agent | | Date |
| I submit this do | cument and affirm that the facts stated herein Department of State constitutes a third degree fo | are true. I am aware that the clony as provided for in s.817. | false information submitted in a 155, F.S. |
| 1 Lilva | | | 10/24/2016 |
| Requ | pired Signature/Incorporator | | Date |