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(Document Number)			
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x 12/13/16

COVER LETTER

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

SUBJECT:	D-Time IV	nvest men	ts, Inc.	
5000ECT	(PROPOSED CORPORA)	TE NAME - MUST INCL	UDE SUFFIX)	
Enclosed are an original and one (1) copy of the articles of incorporation and a check for:				
3 70.00	\$78.75	□ \$78.75	□ \$87.50	
Filing Fee	Filing Fee	Filing Fee	Filing Fee,	
	& Certificate of Status	& Certified Copy	Certified Copy & Certificate of	
			Status	
ADDITIONAL COPY REQUIRED				
	A: 1 1 D			
FROM: $ u$	Nichael Beta	Ancourt (Printed or typed)	.	
12	264 Se III	usion Isle	way	
Address				
Stuart, FL 34997 City, State & Zip				
	(786) 3/6 Daytime To	F936 Hephone number		
$ \underline{} $	TILL @ Anchor E-mail address: (to be used	Impact	·com	
	E-mail address: (to be used	l for future annual report i	notification)	

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

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

ne of the corpo	NCIPAL OFFICE	
· · · · · · · · · ·	Principal <u>street</u> address	Mailing address, if different is:
SEI	llusion Isle way	Same
t, FL	34997	
LE III PUR pose for which	POSE 1 the corporation is organized is:	oldings Company
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CLE IV SHA		
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mber of shares	of stock is: 100 FIAL OFFICERS AND/OR DIRECTORS itle: Michael Betancon	Name and Title:
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TLE V INIT Name and T Address Name and Tir	of stock is: 100 FIAL OFFICERS AND/OR DIRECTORS Itle: Michael Betancon Plesidont [264 Se Illusion I Stuart, FC 349	Address: Address: 70 WGY 92 Name and Title:
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Mame and T Address Name and Tit Address	of stock is: 100 FIAL OFFICERS AND/OR DIRECTORS Itle: Michael Betancon PLESIDENT [264 SE JILUSION I Stuart, FC 349 Itle:	Name and Title: Address: Name and Title: Address: Address:
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Address: Addres	Name and Title:	Name and Title:
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: MIChael Betancowt + Address: 1764 Se Tilusion Folk way Stuart, Fl 34967 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Same Same Same Same Same Same Same Same	Address	Address:
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: MIChael Betancowt + Address: 1764 Se Tilusion Folk way Stuart, Fl 34967 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Same Same Same Same Same Same Same Same		
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Address: 1764 Se Tilusion Fsle way Stuart, FL 34967 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name:		
Address: 1264 Se Tilusion Fsle way Stuart, Fl 3499? ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name:	Name: Michael	3etancourt
ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Address: Address: ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. 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 rath and accept the popointment as registered agent and agree to act in this capacity.		Illusion Isle way
The name and address of the Incorporator is: Name:		
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ARTICLE VIII _EFFECTIVE DATE: Effective date, if other than the date of filing:	The name and address of the Incorporate	or is:
ARTICLE VIII _EFFECTIVE DATE: Effective date, if other than the date of filing:	Name: // Sa	ime "
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Effective date, if other than the date of filing:		
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the document's effective date on the Department of State's records. 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. 17-4-16		
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 17-4-16		
this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity 17-8-16	the document's effective date on the Dep	partment of State's records.
Jos / Setalle / 12-8-16	Having been named as registered agent	to accept service of process for the above stated corporation at the place designated i
	this certificate, I am familiar with and a	
	m. of	
Required Signature/Registered Agent Date		
I submit this document and affirm that the factor stated herein are stue. 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.		
	miller	
Required Signature incorporator 12-8-16 Date	Required Signature incorpor	afor Date