

P17000019266

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H17000059167 3)))



H170000591673ABC3

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

****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
DIROMA CONSTRUCTION MANAGEMENT INC.**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

RECEIVED

17 MAR -2 PM 4:01

FLORIDA
BUREAU OF COMMERCIAL
INFORMATION SERVICES

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

17 MAR -2 AM 11:01

FILED

03/03/17

H17000059167

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:DiROMA CONSTRUCTION MANAGEMENT INC.**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

3800 N.E. 168 Street, APT #601
NORTH MIAMI, FLORIDA 33160**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**SASA DESNICA - PSECRETARY OF STATE
TALLAHASSEE, FLORIDA

17 MAR -2 AM 11:01

FILED

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

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

Sasa Desnica
3800 N.E. 168 ST Apt #601
North Miami, FL 33160**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Sasa Desnica
3800 N.E. 168 ST Apt #601
NORTH MIAMI, FL 33160

H17000059167

H17000059167

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

St. Dean 3/2/2017
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.

St. Dean 3/2/2017
Incorporator Date

FILED
17 MAR -2 AM 11:01
SECRETARY OF STATE
TALLAHASSEE FLORIDA

H17000059167