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**Florida Department of State
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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
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17 MAR 23 AM 9:50

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**FLORIDA PROFIT/NON PROFIT CORPORATION
DNAMITO, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

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un. 3/24/17

ARTICLES OF INCORPORATION

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

17 MAR 23 AM 9:56

ARTICLE I NAME

The name of the corporation shall be: DNAMITO, INC.

SEC. OF STATE
TALLAHASSEE FLORIDA

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

6363 Indian Creek Drive, Apt 310

Miami Beach, FL 33141

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Marketing & Entertainment Services

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Asimina Manousou -President

Name and Title:

Address 6363 Indian Creek Drive, Apt 310

Address:

Miami Beach, FL 33141

Name and Title:

Name and Title:

Address:

Address:

Name and Title:

Name and Title:

Address:

Address:

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: Asimina Manousou
Address: 6363 Indian Creek Drive, Apt 310
Miami Beach, FL 33141

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Asimina Manousou
Address: 6363 Indian Creek Drive, Apt 310
Miami Beach, FL 33141

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(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 with and accept the appointment as registered agent and agree to act in this capacity

Required Signature/Registered Agent 03/23/17
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 03/23/17
Date

17 MAR 23 AM 9:50
DEPARTMENT OF STATE
TALLAHASSEE FLORIDA