

**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.**

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**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 : CORP USA  
Account Number : 072450003255  
Phone : (305) 634-3694  
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  
DAY BY DAY LIFESTYLES ENT., INC.**

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$78.75

APR 7 2017  
C Kinsey



April 6, 2017

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

CORP USA

SUBJECT: DAY BY DAY LIFESTYLES ENT., INC.  
REF: W17000029421

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan  
Regulatory Specialist II

FAX And. #: H17000093857  
Letter Number: 717A00006638

P.O BOX 6327 - Tallahassee, Florida 32314

D17000031461  
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DAY BY DAY LIFESTYLES ENT., INC.  
13040 SW 81<sup>ST</sup>  
MIAMI, FL 33183

April 5, 2017

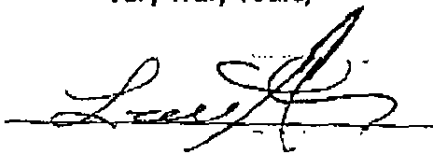
Department of state  
Division of Corporation

To whom It May Concern:

I am enclosing this letter with the new articles of incorporation for Day by Day Lifestyles Ent., Inc. And indicating that we have no intention of revoking Day by Day Lifestyles Ent., Inc.

With the receipt of the attached this should enable you to complete the processing of the articles of Incorporation for Day by Day Lifestyles Ent., Inc.

Very Truly Yours,



Leandro Arriaga

H17000093857

## COVER LETTER

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

SUBJECT: DAY BY DAY LIFESTYLES ENT, 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: LEONARDO ARRIAGA  
Name (Printed or typed)

13040 SW 81ST  
Address

MIAMI FL 33183  
City, State & Zip

305-917-5963  
Daytime Telephone number

DAYBYDAYLIFESTYLES@gmail.com  
E-mail address: (to be used for future annual report 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)

ARTICLE I NAME

The name of the corporation shall be: Day By Day Lifestyles Ent., Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

13040 SW 81st  
Miami FL 33183

Mailing address, if different is:

13040 SW 81st  
Miami FL 33183

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Helping the youth in the  
Community/ Expose their Talents.

FILED  
2017 APR -6 PM 11:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Leandro Arriaga  
Address: president / CEO  
13040 SW 81st  
Miami FL 33183

Name and Title: Amaury Arriaga  
Address: Vice president / COO  
13040 SW 81st  
Miami FL 33183

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

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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: Leandro Arriaga  
Address: 13040 SW 81 st  
Miami FL 33183

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Leandro Arriaga  
Address: 13040 SW 81 st  
Miami FL 33183

**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*

[Signature]  
Required Signature of Registered Agent

4-5-17  
Date

*I submit this document and affirm that the facts stated herein are true. I am aware that any 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.*

[Signature]  
Required Signature of Incorporator

4-5-17  
Date

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