(Re	equestor's Name)	-
(Ad	ldress)	
(Ad	idress)	
(Cit	ty/State/Zip/Phone #)
PICK-UP	MAIT WAIT	MAIL
(Bu	siness Entity Name)
(Do	ocument Number)	
Certified Copies	Certificates o	f Status
Special Instructions to	Filing Officer:	
	· · · ·	

Office Use Only

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1000 Ponce de Leon Blvd. Suite: 105 Coral Gables, FL 33134 Phone: 305-444-4994

Office Use Only

Email: filing@ecfsfiling.com CORPORATION NAME(S) & DOCUMENT NUMBERS(S): rvest Cimited (CORPORATE NAME) (DOCUMENT #) (CORPORATE NAME) (DOCUMENT #) (CORPORATE NAME) (DOCUMENT#) ☐ Walk-In Pick up time: _____ New Filings Amendments Other Filings Profit Amendments Annual Report Non-Profit Resignation Fictitious Name Limited Liability Dissolution/Withdrawal Apostille: Other: Other: 1) Dimestication Other:

Examiners Initials

COVER LETTER

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

SUBJECT: DIANGELO INVEST LIMITED CORP.

Enclosed is an original and one (1) copy of the Certificate of Domestication and a check for:

FEES:

Certificate of Domestication \$ 50.00
Articles of Incorporation and Certified Copy \$ 78.75
Total to domesticate and file \$128.75

OPTIONAL:

Certificate of Status

\$ 8.75

LAURA KOHN

Name (printed or typed)

2100 SALZEDO ST, STE 300

Address

CORAL GABLES FL 33134

City, State & Zip

(305) 444-6226

Daytime Telephone Number

LAURA@ARAZOZA.COM

E-mail address: (to be used for future annual report notification)

17 OCT 25 AH 8: 2"

INHS53 (12/12)

CERTIFICATE OF DOMESTICATION

T	he undersigned, GUSTAVO FERNANDO SALALZAR DELGADO	DIRECTOR			
	(Name)	(Title)			
of	DIANGELO INVEST LIMITED	a foreign corporation,			
in	(Corporation Name) accordance with s. 607.1801, Florida Statutes, does hereby certi	<u> </u>			
1.	The date on which corporation was first formed was APRIL	. 02 , 2012 .			
2.	The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was BRITISH VIRGIN ISLANDS				
3.	The name of the corporation immediately prior to the filing of twasDIANGELO INVEST LIMITED	this Certificate of Domestication			
4.	The name of the corporation, as set forth in its articles of incorps. 607.0202 and 607.0401 with this certificate is DIANGELO	·			
5.	The jurisdiction that constituted the seat, siege social, or princip administration of the corporation, or any other equivalent jurisd immediately before the filing of the Certificate of Domesticatio BRITISH VIRGIN ISLANDS	iction under applicable law,			
) .	Attached are Florida articles of incorporation to complete the do to s. 607.1801.	omestication requirements pursuant			
an	n the DIRECTOR of DIANGELO INVES	ST LIMITED			
	am authorized to sign this Certificate of Domestication on behathis the 20 day of OCTOBER	If of the corporation and have done			
	(Authorized Signature)	· - · · · · · · · · · · · · · · ·			

Filing Fee:

Certificate of Domestication
Articles of Incorporation and Certified Copy
Total to domesticate and file

\$ 50.00 \$ 78.75 \$128.75 17 OCT 25 AH 8: 2"

ARTICLES OF INCORPORATION

IN COMPLIANCE WITH CHAPTER 607, F.S.

ARTICLE	I	NAME
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THE NAME OF THE CORPORATION SHALL BE:

DIANGELO INVE	ST LIMITED CORP.	
ARTICLE II PRINCIPAL OFFICE		
THE PRINCIPAL PLACE OF BUSINESS/MAILING ADDRESS Principal Address		
C/O THE LS LAW FIRM, PA	Mailing Address	
	C/O THE LS LAW FIRM, IPA	
FOUR SEASONS TOWER - SUITE 1200	FOUR SEASONS TOWER - SUITE 120	
1441 BRICKELL AVENUE	1441 BRICKELL AVENUE	
MIAMI, FL 33131	MIAMI, FL 33131	
	OF THE UNITED STATES AND OF	
PERMITTED UNDER THE LAWS (OF THE UNITED STATES AND OF	
THE STATE OF FLORIDA.		
	-	

THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES.		
Title/Name PRESIDENT/SECRETARY: SANDRA SALAZAR	Title/Name TREASURER: A	RANTXA SALAZAR
C/O FOUR SEASONS TOWER - SUITE 1200	C/O FOUR SEASONS	TOWER - SUITE 1200
1441 BRICKELL AVE, MIAMI, FL 33131	1441 BRICKELL AVE,	MIAMI, FL 33131
Title/Name	Title/Name	
DIRECTOR: SANDRA SALAZAR	DIRECTOR: ARAN	TXA SALAZAR
C/O FOUR SEASONS TOWER - SUITE 1200	C/O FOUR SEASONS TOWER - SUITE 1200	
1441 BRICKELL AVE, MIAMI, FL 33131	1441 BRICKELL AVE,	MIAMI, FL 33131
Fitle/Name	Title/Name	; ;
itle/Name	Title/Name	1
		, r

ARTICLE VI INITIAL REGISTERED AGE	ent and street address
THE NAME AND FLORIDA STREET ADDRESS (P.O. BOX NO	T ACCEPTABLE) OF THE REGISTERED AGENT IS:
THE LS LAW FIRM, PA	
FOUR SEASONS TOWER - SUITE 1200	
1441 BRICKELL AVE, MIAMI, FL 33131	
ARTICLE VII INCORPORATOR THE NAME AND ADDRESS OF THE INCORPORATOR IS: SANDRA SALAZAR	
C/O FOUR SEASONS TOWER - SUITE 1200	
1441 BRICKELL AVE, MIAMI, FL 33131	
}*************************************	
HAVING BEEN NAMED AS DECISTERED AGENT AND TO	ACCEPT SERVICE OF PROCESS FOR THE ABOVE
STATED CORPORATIONAT THE PLACE DESIGNATED IN	
ACCEPT THE APPOINTMENT AS REGISTERED AGENT A	ND AGREE TO ACT IN THIS CAPACITY.
	(W.5/2012-
lignature/Registered Agent	Date
grature/incorporator	OCV 5/2017

17 OCT 25 AM 8: 20