

P18000013381

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

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**FLORIDA PROFIT/NON PROFIT CORPORATION
DMD INTEGRAL SERVICES, CORP**

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

Att: Tyrone Scott

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FEB 09 2018

T. SCOTT

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:DMD Integral Services, Corp**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

4014 W WATERS AVE APT 1210TAMPA Florida 33614**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Dayron Max Duarte Delgado
(P)**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

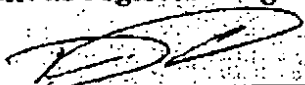
The name and Florida street address (PO Box not acceptable) of the registered agent is:

Dayron Max Duarte Delgado
4014 W WATERS AVE APT 1710
Tampa FL 33614**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Dayron Max Duarte Delgado
4014 W WATERS AVE APT 1710
Tampa FL 33614

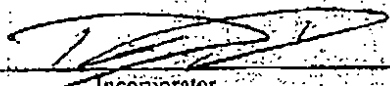
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Required Signatures:

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

_____
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.

_____
Incorporator_____
Date