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To:

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

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 075350000353
Phone : (800)221-2972
Fax Number : (888)692-9256

****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
DINO'S PLACES INC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

19 MAR 27 PM 4:48

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: DINO'S PLACES INC**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

7900 HARBOR ISLAND DR, SUITE 6017900 HARBOR ISLAND DR, SUITE 601NORTH BAY VILLAGE FL 33141NORTH BAY VILLAGE FL 33141**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: PROPERTY MANAGEMENT

ARTICLE IV SHARESThe number of shares of stock is: 200**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: DINORAH ADAN - Director

Name and Title: _____

Address: 7900 HARBOR ISLAND DR, SUITE 601

Address: _____

NORTH BAY VILLAGE FL 33141NORTH BAY VILLAGE 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 AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: DINORAH ADAN.

Address: 7900 HARBOR ISLAND DR, SUITE 601

NORTH BAY VILLAGE FL 33141

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: DINORAH ADAN.

Address: 7900 HARBOR ISLAND DR, SUITE 601

NORTH BAY VILLAGE FL 33141

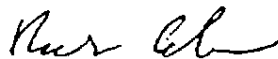
ARTICLE VIII EFFECTIVE DATE:

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

<u></u>	<u>03/19/2019</u>
Required Signature/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.

<u></u>	<u>03/19/2019</u>
Required Signature/Incorporator	Date

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: DINORAH ADAN.
Address: 7900 HARBOR ISLAND DR, SUITE 601
NORTH BAY VILLAGE FL 33141

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: DINORAH ADAN.
Address: 7900 HARBOR ISLAND DR, SUITE 601
NORTH BAY VILLAGE FL 33141

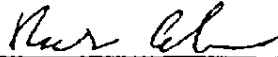
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Required Signature/Registered Agent

03/19/2019

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

03/19/2019

Date