

3/23/2019/TUE 01:52 PM

FAX No.

P. 001/003

Division of Corporations

Florida Department of State

Division of Corporations

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**FLORIDA PROFIT/NON PROFIT CORPORATION
DSE CONSTRUCTION CORP**

| | |
|-----------------------|---------|
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ARTICLES OF INCORPORATION

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

ARTICLE I NAME DSE CONSTRUCTION CORP
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address

2331 SW 17 AVE

MIAMI, FL 33145

Mailing address, if different is:

SAME

ARTICLE III PURPOSE CONSTRUCTION

The purpose for which the corporation is organized is:

ARTICLE IV SHARES 100
The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND OR DIRECTORS

DANIEL A. CASULA, PRES. Name and Title

2331 SW 12 AVE

1. What is the name of the person you are writing to?

Name and Title: _____ Name and Title: _____

Address: _____ **Address:** _____

Name and Title: _____

Address: _____

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DIVISION OF CORPORATION

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: DANIEL A CASULA
 Address: 2331 SW 17 AVE
 MIAMI, FL 33145

SECRETARY OF STATE
DIVISION OF CORPORATIONS

19 APR 2019 AM 9:37

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: DANIEL A CASULA
 Address: 2331 SW 17 AVE
 MIAMI, FL 33145

ARTICLE VIII EFFECTIVE DATE: 04/20/2019

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

X _____ Required Signature/Registered Agent

04/20/19 _____ 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.

X _____ Required Signature/Incorporator

04/20/19 _____ Date