

4/23/2019/TUE 01:52 PM

FAX No.

P. 001/003

**H19000033763**

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**

Name and Title: DANIEL A CASULA, PRES.

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

Address 2331 SW 17 AVE  
MIAMI, FL 33145

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

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

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

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

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

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

**ARTICLE VI REGISTERED AGENT**

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

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**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: 04/20/2019. (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 [Signature] 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.*

Required Signature/Incorporator \_\_\_\_\_ Date 04/20/19