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(City/State/Zip/Phone #)

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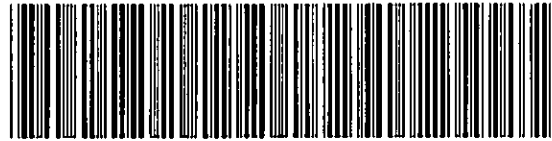
(Business Entity Name)

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TALLAHASSEE, FLORIDA

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K Brumbley

COVER LETTER

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

SUBJECT: DML Agro Group Corp

(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☒ \$70.00 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: Michael Ortiz, Esq.

Name (Printed or typed)

1430 South Dixie Highway, Suite 321

Address

Coral Gables, FL 33146

City, State & Zip

(305)665-5270

Daytime Telephone number

lawortiz@aol.com

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

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be: DML Agro Group Corp

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1430 South Dixie Highway, Suite 321

Coral Gables, FL 33146

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to transact any and all lawful business

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jose L. Colmenares R. D. P

Name and Title: _____

Address 1430 South Dixie Highway, Suite 321
Coral Gables, FL 33146

Address: _____

Name and Title: Carlos L. Colmenares S. D. VP

Name and Title: _____

Address 1430 South Dixie Highway, Suite 321
Coral Gables, FL 33146

Address: _____

Name and Title: Tomas F. Colmenares S. D. S. T

Name and Title: _____

Address 1430 South Dixie Highway, Suite 321
Coral Gables, FL 33146

Address: _____

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2019 SEP -4 AM 9:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Name and Title: Michael Ortiz, Asst. S. Name and Title: _____
Address: 1430 South Dixie Highway, Suite 321 Address: _____
Coral Gables, FL 33146 _____

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Michael Ortiz, P.A.
Address: 1430 South Dixie Highway, Suite 321
Coral Gables, FL 33146

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Michael Ortiz
Address: 1430 South Dixie Highway, Suite 321
Coral Gables, FL 33146


ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: September 3, 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

 President 9/3/2019
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.

 9/3/2019
Required Signature/Incorporator Date