

2/27/2020

Division of Corporations

P20000018017

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H20000066557 3)))



H200000665573ABC+

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From: Account Name : ALEX PINA CO.
 Account Number : 120190000095
 Phone : (305)803-8471
 Fax Number : (305)602-3977

RECEIVED
TALLAHASSEE, FLORIDA

2020 FEB 27 PM 4: 37

FILED

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: client@alexpina.co

**FLORIDA PROFIT/NON PROFIT CORPORATION
DIMECOR INC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

RECEIVED

2020 FEB 27 PM 3: 46

RECEIVED

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: DIMECOR INC

ARTICLE II PRINCIPAL OFFICE

Principal <u>street</u> address	Mailing address, if different is:
<u>7962 NW 116th Ave</u>	_____
_____	_____
<u>Doral, FL 33178</u>	_____

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and All Lawful Purpose

ARTICLE IV SHARES

The number of shares of stock is: 10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Veronica M Sanchez Correa - President</u>	Name and Title: _____
--	-----------------------

Address <u>7962 NW 116th Ave</u>	Address: _____
----------------------------------	----------------

Doral, FL 33178

Name and Title: _____	Name and Title: _____
-----------------------	-----------------------

Address _____	Address: _____
---------------	----------------

Name and Title: _____	Name and Title: _____
-----------------------	-----------------------

Address _____	Address: _____
---------------	----------------

FILED
 2/28 FEB 27 PM 4:37
 SECY
 TALLAHASSEE, FLORIDA

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: Alex Pina Co.
 Address: 8400 NW 36th St Ste 450
Doral, FL 33166

ARTICLE VII INCORPORATOR

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

Name: Veronica M Sanchez Correa
 Address: 7962 NW 116th Ave
Doral, FL 33178

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

 Required Signature/Registered Agent 02/27/2020
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 02/27/2020
Date