

6/26/2020

Division of Corporations

Florida Department of State

Division of Corporations

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**FLORIDA PROFIT/NON PROFIT CORPORATION
DIAL INVESTMENTS CORP.**

Certificate of Status	0
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ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAMEThe name of the corporation shall be: DIAL INVESTMENTS CORP.**ARTICLE II PRINCIPAL OFFICE**Principal street address3625 NW 82 AVE., STE 305
DORAL, FL 33166

Mailing address, if different is:

3625 NW 82 AVE., STE 305
DORAL, FL 33166**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS**ARTICLE IV SHARES**The number of shares of stock is: SHARES: 100 @ \$1.00**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: LEANDRO ALVAREZ (P)

Name and Title: _____

Address 3625 NW 82 AVE., STE 305
DORAL, FL 33166

Address: _____

Name and Title: CARMEN CECILIA DGLACOMO (V/P)

Name and Title: _____

Address 3625 NW 82 AVE., STE 305
DORAL, FL 33166

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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: LEANDRO ALVAREZ
Address: 3625 NW 82 AVE., STE 305
DORAL, FL 33166

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: LEANDRO ALVAREZ
Address: 3625 NW 82 AVE., STE 305
DORAL, FL 33166

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 Date 06/19/2020

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 06/19/2020

2020 JUN 26 PM 3:03
TALLAHASSEE, FL 32304
CORPORATION DIVISION