1/28/2021

Division of Corporations

## orida Denartment of State

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

ö

Account Name : TPBS CORP

Account Number : I20190000112

Phone : (786)389-2779 Fax Number : (305)356-3688

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

Email Address: amguzman123@msn com

## FLORIDA PROFIT/NON PROFIT CORPORATION DML BEST CORP

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H210000390433

## ARTICLES OF INCORPORATION

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

or the corpo	ration shall be: DML BEST CORI		
	NCIPAL OFFICE Principal <u>street</u> address		Mailing address, if different is:
33145	<u> </u>		
_			
	<u>.                                    </u>		
EIII PUR.	POSE hithe corporation is organized is: Any	and All Lawful Bus	siness
ose for which	the corporation is organized is.		
	<del></del>		
	<del></del>		
EIV SHA ber of shares	RES of stock is: 100	<del>_</del> .	
<u>E_V_INIT</u>	TAL OFFICERS AND/OR DIRECTO	- <del>-</del>	. DIÇK M GUZMAN VICE PRE
<u>E ν INIT</u> Name and Ti	TAL OFFICERS AND/OR DIRECTO	DENT Name and Title	<u>: DICK M GUZMAN VICE PRE</u> 1746 SW 24 TERR
E V INIT	TAL OFFICERS AND/OR DIRECTO	- <del>-</del>	
<u>E ν INIT</u> Name and Ti	IAL OFFICERS AND/OR DIRECTO.  Itle: MARIA GUZMAN PRESI  1746 SW 24 TERR	DENT Name and Title	1746 SW 24 TERR
E_V INIT Name and Ti Address	ide: MARIA GUZMAN PRESI 1746 SW 24 TERR MIAMI, FL 33145	DENT Name and Title Address:	1746 SW 24 TERR MIAMI, FL 33145
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Name a	ind Title:	Name and Title:
Addre	555	Address:
ARTICLE VI	REGISTERED AGENT	
The name and	Florida street address (P.O. Box NOT acce	eptable) of the registered agent is:
Name:	MARIA GUZMAN	
Address:	1746 SW 24 TERR	
	MIAMI, FL 33145	
		20
ARTICLE VII	INCORPORATOR	2021 - 577 28
•		
The <u>name and</u> :	address of the Incorporator is:	<u></u>
Name:	MARIA GUZMAN	<del></del>
Address:	1746 SW 24 TERR	· · · · · · · · · · · · · · · · · · ·
	MIAMI, FL 33145	
Effective date, (If an effective filing.)		nd cannot he more than five days prior or 90 days after the
	ite inserted in this block does not meet the a effective date on the Department of State's	applicable statutory filing requirements, this date will not be listed as secords.
Having been no certificate, I am	imed as registered agent to accept service of a familiar with and accept the appointment (	process for the above stated corporation at the place designated in this as registered agent and agree to act in this capacity
Ware	45073000	31/23/21
	Required Signature/Registered A	Agent Date
I submit this di document to the	ocument and affirm that the facts stated h e Department of State constitutes a third dep	erein are true. I am aware that the false information submitted in a gree felony as provided for in s.817.155, F.S.
€ Narro	ture/incorporator	01/21/21
Required Signa	iture/Incorporator	Date