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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : LAMADRID FINANCIAL SERVICES CORP

Account Number : I20200000059
Phone : (954)727-9771
Fax Number : (954)727-9773

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\* [7]

Email Address: diano(a) amodra(mania).(cm)

7 III 20 PH o.

## FLORIDA PROFIT/NON PROFIT CORPORATION DCG MARKETING CORP

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## (FAX TRANSMISSIGN) 12 000211 10042 19547279773 Pages: 4 COVER LETTER

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

SUBJECT: DCG MARKETING CORP	TE NAME – MUST INCL	une cilepivi
(PROPOSED CORPORA	TIE NAME – <u>Must inca</u>	ODE SUFFIX)
Enclosed are an original and one (1) copy of the art	icles of incorporation and	l a check for:
□ \$70.00	☐ \$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status
	ADDITIONAL COPY REQUIRED	
FROM: DIANA C GALVIS  Name  18805 WEST LAKE DRIVE	e (Printed or typed)	
	Address	
HIALEAH, FL 33015	, State & Zip	
305-360-2753		
Daytime 1	Telephone number	
DIANAC.CORDEIRO@GMAIL  E-mail address: (to be use	COM d for future annual report r	notification)

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

## (FAX TRANSMISSION) 7d 108006 7 FERL ENT D0547279773 Pages: 4 ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

e name of the corporate	ion shall be: DCG MARKETING Co	ORP		
RTICLE II PRINCIPAL OFFICE Principal <u>street</u> address BBOS WEST LAKE DRIVE BALEAH, FL 33015		Mailing address, if different is: 18805 WEST LAKE DRIVE HIALEAH, FL 33015		
RTICLE III PURPO e purpose for which t	NSE he corporation is organized is: ANY AN	ND ALL LAWFUL BUSINES	s	
	stock is: 1000  AL OFFICERS AND/OR DIRECTORS			
Name and Title	: DIANA C GALVIS	Name and Title: PRESIDEN	<u> </u>	
Address	HIALEAH, FL 33015	Address:		
Name and Title		Name and Title:		
Address		Address:	2021 JUL 2 SECRETA	
	:		RY OF H	
Address		Address:	E. S. 19 03	

(FAX TRANSMISSIONOX) 759617834 Rom: 19547279773 Pages: 4

Name a	nd Title: Name a	nd Title:		
Addres	s Addres	s:		
	REGISTERED AGENT Corida street address (P.O. Box NOT acceptable) of the register.	tered agent is:		
Name:	LAMADRID FINANCIAL SERVICES CORP	-		
Address:	1265 S PINE ISLAND RD			
	PLANTATION, FL 33324			
ARTICLE VII	<u>INCORPORATOR</u>			
w	ddress of the Incorporator is:			
Name:	ALEXIS LAMADRID			
Address:	1265 S PINE ISLAND RD			
	PLANTATION, FL 33324			
Effective date, i (If an effective filing.)	f other than the date of filing: 07/20/2021  date is listed, the date must be specific and cannot be more e inserted in this block does not meet the applicable statutory	e than five days prior (	-	
	effective date on the Department of State's records.	,		
	med as registered agent to accept service of process for the abo familiar with and accept the appointment as registered agent			uted in thi
ALEXIS LA	MADRID		07/20 <i>1</i> 2021	
	Required Signature/Registered Agent		Date	
	cument and affirm that the facts stated herein are true. I a Department of State constitutes a third degree felony as provi			nitted in i
DIANA C G			07/20/2021	
Required Signa	ure/Incorporator	Date	SEI T.	3 3
			SECRETARY TALLAHA	= ***
			HAA GAA	) tax
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