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Division of Corporations

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FLORIDA PROFIT/NON PROFIT CORPORATION DTC Imports, Inc.

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Help

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

ICIEII BDING	TO AL OPPICE			
	PRINCIPAL OFFICE Principal street address		Mailing address, if different is:	
				——————————————————————————————————————
	d, Suite 9A			
Miami Beach, Fl	_ 33139			
ICLE III PURPO	<u> </u>			
surpose for which the	ne corporation is organized is: <u>Com</u>	odity Trading		
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· <u>-</u>			-	
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number of shares of s	tock is: 1,000 LOFFICERS AND/OR DIRECTORS			
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Name and Title: Address	Sule Akagunduz, President 407 Lincoln Road, Suite 9A Miami Beach, FL 33139	Name and Title Address: 		
Name and Title: Address	LOFFICERS AND/OR DIRECTORS Sule Akagunduz, President 407 Lincoln Road, Suite 9A	Name and Title Address: 		
Name and Title: Address	Sule Akagunduz, President 407 Lincoln Road, Suite 9A Miami Beach, FL 33139	Name and Title Address: 		
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Name and Title: Address Name and Title: Address	Sule Akagunduz, President 407 Lincoln Road, Suite 9A Miami Beach, FL 33139	Name and Title Address: Name and Title Name and Title Address:	8:	SECRETARY UT TALLAHASS
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Name an	d Title:	Name and Title:	
Address	3	A ddress:	
ARTICLE VI	REGISTERED AGENT		
The name and F	lorida street address (P.O. Box NOT acceptable	e) of the registered agent is:	
Name:	Sule Akagunduz, President		
Address:	407 Lincoln Road, Suite 9A		
	Miami Beach, FL 33139		
<u>ARTICLE VII</u>	INCORPORATOR		
The name and ac	Idress of the Incorporator is:		
Name:	Sufe Akagunduz, President	_	
Address:	407 Lincoln Road, Suite 9A		
	Miami Beach, FL 33139	_	
Effective date, if a (If an effective diling.)	EFF TIVE DATE: other than the date of filing: ate is listed, the date must be specific and can	anot be more than five days prior	·
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Having been nam certificate, I am fo	ed as registered agent to accept service of proces amiliar with and accept the apparatyers as regis	s for the above stated corporation at stered agent and agree to uct in this s	the place designated in this capacity
	Required Signature/Registered: Agent		08/23/2021
I submit this doci document to the D	iment and affirm that the facts stated herein a epartment of State constitutes a third degree fel	re true. I am aware that the false i ony as provided for In s.817.155, F.S	Date information submitted in a
	AM		08/23/2021
Required Signatur	e/incorporater.	ate	
			202 SE
			5 5
			23
			PM OF