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Florida Department of State  
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**FLORIDA PROFIT/NON PROFIT CORPORATION  
D.P.G. INTERNATIONAL CORPORATION**

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**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: D.P.G. INTERNATIONAL CORPORATION**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

304 Palermo Avenue, Coral Gables FL 33134**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: 1,000 COMMON SHARES @ 0.10 cents par value per share**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: BRIAN O. STEDEFORD, Director Name and Title: \_\_\_\_\_Address Montana 30-J, Noord Address: \_\_\_\_\_Aruba, Dutch Caribbean \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

2022-05-18 PM 4:23

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

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**ARTICLE VI REGISTERED AGENT**The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:Name: Ana L. Moffat, CPAAddress: 304 Palermo AveCoral Gables, FL 33134**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: Ana L. Moffat, CPAAddress: 304 Palermo AvenueCoral Gables, FL 33134**ARTICLE VIII EFFECTIVE DATE:**Effective date, if other than the date of filing: 05/15/2022 (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*Ana L Moffat

Required Signature/Registered Agent

05/15/2022

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.*Ana L Moffat

Required Signature/Incorporator

05/15/2022

Date

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