

**P23000021076**

Florida Department of State  
Division of Corporations  
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**FLORIDA PROFIT/NON PROFIT CORPORATION**  
**DOKAI INC.**

Certificate of Status	0
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207

**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: DOKAI-INC.**ARTICLE II PRINCIPAL OFFICE**Principal street address100 BAYVIEW DR. APT 227SUNNY ISLES BEACH, FL 33160

Mailing address, if different is:

100 BAYVIEW DR. APT 227SUNNY ISLES BEACH, FL 33160**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: PRISCILLA MARINISSEN LOUZADA - PAddress: 100 BAYVIEW DR. APT 227SUNNY ISLES BEACH, FL 33160

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

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

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

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

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

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:Name: PRISCILLA MARINISSEN LOUZADAAddress: 100 BAYVIEW DR. APT 227SUNNY ISLES BEACH, FL 33160ARTICLE VII INCORPORATORThe name and address of the Incorporator is:Name: PRISCILLA MARINISSEN LOUZADAAddress: 100 BAYVIEW DR. APT 227SUNNY ISLES BEACH, FL 33160ARTICLE 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 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 Agent2/27/23  
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.*  
\_\_\_\_\_  
Required Signature/Incorporator2/27/23  
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