

3/31/23, 11:45 AM

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Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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(((H23000121718 3)))



H230001217183ABCZ

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : ALEX PINA CO.
Account Number : I20190000095
Phone : (305)803-8471
Fax Number : (305)602-3977

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

Email Address: client@alexpina.co

FLORIDA PROFIT/NON PROFIT CORPORATION
DANSAG SERVICE CORP

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

2023 MAR 31 PM 12:35

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23 MAR 31 PM 12:35
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Priority)

ARTICLE I NAME

The name of the corporation shall be: _____

DANSAG SERVICE CORP**ARTICLE II PRINCIPAL OFFICE**Principal street address
8400 NW 36TH ST STE 450

Mailing address, if different is: _____

DORAL, FL 33166

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

Any And All Lawful Purpose.**ARTICLE IV SHARES**The number of shares of stock is: 10,000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: **EDUARDO D SAGMAN - PRESIDENT**Address: **8400 NW 36TH ST STE 450****DORAL, FL 33166**

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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23 MAR 31 PM 12:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Name and Title:

Name and Title:

Address:

Address:

ARTICLE VI REGISTERED AGENTThe **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: ALEX PINA CO

Address: 8400 NW 36TH ST STE 450

DORAL, FL 33166

ARTICLE VII INCORPORATORThe **name and address** of the Incorporator is:

Name: EDUARDO D SAGMAN

Address: 8400 NW 36TH ST STE 450

DORAL, FL 33166

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL.)

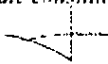
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

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.*



 Required Signature/Registered Agent

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/Incorporator

Date: _____

03/29/2023

Date

Date

Date

Date

Date

Date

Date

Date

Date

Date

Date

Date

Date

Date

Date

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