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below) on the top and bottom of all pages of the document.



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

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

Email Address:	
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FLORIDA PROFIT/NON PROFIT CORPORATION DMJ QUALITY SERVICES INC

Certificate of Status 0 Certified Copy 1 Page Count 03 Estimated Charge \$78.75

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ARTICLES OF INCORPORATION In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

	ARTICLE II PRINCIPAL OFFICE:
,	The principal street address and mailing address is:
3401 Nw 17 A	ve. apto. 801 Miami Florida 33142
ARTICLETTI	SHARES: The number of shares of stock is: 100
ARTI	CLE IV INITIAL DIRECTORS AND/OR OFFICERS:
	ı villagra matute (p)
-,,	
·	
	INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and F Sofia Elizabeth	Florida street address (PO Box not acceptable) of the registered agen villagra matute
-	
401 INW 17AVE. B	pto, 801 Miami Florida 33142
	
ARTICLE VI	INCORPORATOR: The name and address of the Incorporator
0 6 70 1	Villagra Matute
Sofia Elizabeth	<u></u>

Required Signatures:

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

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.847.155, F.S.

Incorporator

√Date

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