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STATEMENT OF SERVICE  
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**FLORIDA PROFIT/NON PROFIT CORPORATION  
D.M.L.Y WINDOWS & DOORS, INC**

Certificate of Status	0
Certified Copy	1
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## ARTICLES OF INCORPORATION FOR FLORIDA PROFIT BENEFIT CORPORATION

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

ARTICLE I NAME

**ARTICLE I NAME** D.M.L.Y WINDOWS & DOORS, INC  
The name of the benefit corporation shall be: \_\_\_\_\_

## ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2881 NW 86 TERRACE

5245 NW 36 ST SUITE #215

MIAMI, FL 33147

MIAMI, FL 33166

### ARTICLE III BENEFIT STATEMENT AND BUSINESS PURPOSE

ARTICLE III BENEFIT STATEMENT AND ELECTION  
The corporation elects to be a benefit corporation in accordance with s. 607.603, F.S.

The purpose for which the corporation is organized is to create a general public benefit and:

Any and all lawful Business

The general and/or specific public benefit(s) to be created by the corporation (in addition to its general purpose) is/are as follows (optional):

**ARTICLE IV. SHARES**

**ARTICLE IV. SHARES** 500  
The number of shares of stock is: \_\_\_\_\_

ARTICLE V INITIAL OFFICERS, DIRECTORS, BENEFIT DIRECTOR AND BENEFIT OFFICER (if Applicable)

Name and Title: DODANI CLARO, PRESIDENT

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

Address 2881 NW 86 TERRACE

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

MIAMI, FL 33147

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

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

Address \_\_\_\_\_

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

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

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

If applicable, BENEFIT DIRECTOR:

If applicable, BENEFIT OFFICER:

Name : \_\_\_\_\_ Name: \_\_\_\_\_

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

**ARTICLE VI REGISTERED AGENT**The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:Name: DIODANI CLAROAddress: 2881 NW 86 TERRACEMIAMI, FL 33147**ARTICLE VII INCORPORATOR**The **name and address** of the Incorporator is:Name: DIODANI CLAROAddress: 2881 NW 86 TERRMIAMI, FL 33147**ARTICLE VIII ADDITIONAL QUALIFICATIONS OF BENEFIT DIRECTOR, IF ANY:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*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

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/Incorporator

Date

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NOTARY OF STATE

MIAMI, FLORIDA

9/11/23

9/11/23