

**P2300079292**

Florida Department of State  
Division of Corporations  
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To:  
Division of Corporations  
Fax Number : (850)617-6381

From:  
Account Name : CA BOOKKEEPING AND PAYROLL SERVICES INC  
Account Number : 120230000067  
Phone : (786)992-1894  
Fax Number : (786)364-1645

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

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

**FLORIDA PROFIT/NON PROFIT CORPORATION  
DP PROPERTY MANAGMNT INC**

Certificate of Status	0
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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: DP PROPERTY MANAGMENT INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
15925 NE 18 AVE

Mailing address, if different is:  
15925 NE 18 AVE

NORTH MIAMI BEACH, FL 33162

NORTH MIAMI BEACH, FL 33162

**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: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: DAVID PENA, PRESIDENT Name and Title: \_\_\_\_\_

Address: 15925 NE 18 AVE Address: \_\_\_\_\_

NORTH MIAMI BEACH, FL 33162 \_\_\_\_\_

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

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

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

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

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

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: DAVID Pena  
 Address: 15925 NE 18 AVE  
North Miami Beach, FL 33162

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: DAVID Pena  
 Address: 15925 NE 18 AVE  
North Miami Beach, FL 33162

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 11/08/2023 (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*

*David Pena* 11/8/23  
 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.*

*David Pena* 11/8/23  
 Required Signature/Incorporator Date

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