

P240000061920

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H24000014631 3)))



H240000146313ABCV

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From:
Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : 120000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

****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
DPM PROPERTIES, INC**

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

Electronic Filing Menu

Corporate Filing Menu

Help

FILED
2024 JAN 10 PM 4:17

FILED
2024 JAN 10 PM 2:55

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

DPM PROPERTIES, INC

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

1255 W 49TH PL APT H201

HIALEAH FL 33012

ARTICLE III SHARES: The number of shares of stock is: 100

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

DOBRANYI PARRA -DIRECTOR /PRESIDENT/SECRETARY

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and Florida street address (PO Box not acceptable) of the registered agent is:

DOBRANYI PARRA

1255 W 49 PL APT H 201

HIALEAH FL 33012

ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:

DOBRANYI PARRA

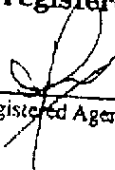
1255 W 49 PL APT H 201

HIALEAH FL 33012

FILED
2024 JAN 10 PM 2:55

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

12/06/2023

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.



Incorporator

12/06/2023

Date