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.

(((H240000164043)))



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 : DMG FINANCIAL SERVICES INC Account Number : I20230000151 Phone : (305)595-2407 Fax Number : (305)595-2408 \*\*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 DMIM SERVICES INC

|                       | والمستول والمتبعون والمستوف فيتأثث المالي |
|-----------------------|---|
| Certificate of Status | 0   |
| Certified Copy        | 0   |
| Page Count            | 01  |
| Estimated Charge      | \$70.00                                   |

| <br>7.7.1 |
|-----------|
| 1/12/24   |

Electronic Filing Menu Corporate Filing Menu

January 10, 2024

Department of State
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: DMIM SERVICES INC

To whom it may concern:

By means of this letter I am advising that I have no intentions of re-instating the above mentioned dissolved corporation.

Should you have any questions or concerns please do not hesitate to contact me.

Sincerely,

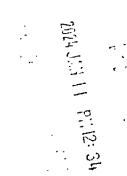
CARLOS RUIZ

Notary Public-State of Florida

Commission # HH 74168

My Commission Expires

December 21, 2024



## **COVER LETTER**

Department of State New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

Jan 12 2024 3:45pm

| SUBJECT: DMIM           | SERVICES INC                                 |                                    | <u></u>                 |
|-------------------------|--|------------------------------------|-------------------------|
| SUBJECT:                | (PROPOSED CORPORA                            | TE NAME – <u>MUST INCL</u>         | JDE SUFFIX)             |
| Enclosed are an orig    | ginal and one (1) copy of the art            | icles of incorporation and         | l a check for:          |
| 函 \$70.00<br>Filing Fee | ☐ \$78.75 Filing Fee & Certificate of Status | S78.75 Filing Fee & Certified Copy | & Certificate of Status |
|                         |  | ADDITIONAL CO                      | DPY REQUIRED            |
| FROM:                   | IARIA E RUIZ<br>Nam                          | e (Printed or typed)               |                         |
| 7                       | 750 SW 117TH AVE SUITE 203                   | _                                  |                         |
| _                       |  | Address                            |                         |
| M                       | ilami florida 33183                          |                                    | _                       |
|                         | City   | , State & Zip                      |                         |
| 30                      | 05 595-2407                                  |                                    |                         |
| _                       | Daytime                                      | Telephone number                   |                         |
| М                       | ARIAQUIROS9@HOTMAILCOM                       |                                    |                         |
|                         | E-mail address: (to be us                    | ed for future annual report        | notification)           |

NOTE: Please provide the original and one copy of the articles.

2024 JESETT PETIZ: 34

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

| 19542 SW 103 COURT                          | PAL OFFICE<br>Principal <u>street</u> address                        | Mailing address                           | , if different is: |
|---|--|---|--------------------|
|   | 42 SW 103 COURT 19542 SW 103 COURT                                   |   |                    |
| CUTLER BAY, FLOR                            | IDA 33157  | CUTLER BAY, FLORIDA 33157                 |                    |
| RTICLE III PURPO. the purpose for which th  | SE e corporation is organized is: ANY ANE                            | ALL LEGAL PURPOSES                        |                    |
|   |  |   |                    |
|   |  |   |                    |
| all to IA                                   |  |   |                    |
| RTICLE IV SHARE<br>he number of shares of s | 7 <b>5</b>   |   |                    |
| -   | <u>L OFFICERS AND/OR DIRECTORS</u><br>: DANIEL A MEDINA MORA, PRESIT | DE Name and Title:                        |                    |
|   | tacta con tables COURT   |   |                    |
| Address                                     |  |   |                    |
|   | CUTLER BAY, FLORIDA 33157  |   |                    |
|   |  |   |                    |
| Name and Title                              |  |   |                    |
| Name and Title<br>Address                   |  |   |                    |
|   |  | Name and Title:                           |                    |
| Address                                     |  | Name and Title: Address:                  |                    |
| Address                                     |  | Name and Title: Address:  Name and Title: |                    |
| Address<br>Name and Title                   |  | Name and Title: Address:  Name and Title: |                    |

| Name and   | i Title:  | Name and Title:   |  |          |
|--|---|---|--|----------|
| Address  |   |   |  | -        |
|  |   |   |  | <u> </u> |
|  |   |   |  |          |
| RTICLE VI I                                      | REGISTERED AGENT<br>orida street address (P.O. Box NOT acceptable)  | of the registered agent is:   |  |          |
| Name:  | DANIEL A MEDINA MORA  |   |  |          |
| .ddress:   | 19542 SW 103RD COURT  |   |  |          |
|  | CUTLER BAY, FLORIDA 33157   |   |  |          |
| RTICLE VII                                       | INCORPORATOR  |   |  |          |
| he <u>name and ac</u>                            | ddress of the Incorporator is:  |   |  |          |
| Name:  | DANIEL A MEDIAN MORA  |   |  |          |
| Address:   | 19542 SW 103RD COURT  | <u> </u>  |  |          |
|  | CUTLER BAY, FLORIDA 33157   | <del>_</del>  |  |          |
| iffective date, it<br>If an effective<br>iling.) | e inserted in this block does not meet the applicate effective date on the Department of State's record                                       | ble statutory filing requirements, th   |  | d as     |
| Having been na.<br>certificate. I am             | med as registered agent to accept service of proce<br>familiar with and accept the appointment as regi  | ss for the above stated corporation of<br>stered agent and agree to act in this | nt the place designated in<br>capacity | ı this   |
| 1/-  |   |   | 01/11/2024<br>Date                     |          |
| I submit this do                                 | Required Signature/Registered Agent<br>ocument and affirm that the facts stated herein<br>Department of State constitutes a third stegree for | are true. I am aware that the false<br>lony as provided for in s.817.155, I     | : information submitted                | l in a   |
| 1  | Znd Mi  |   | 01/1.1/2024                            |          |
| Required Signa                                   | ture/Incorporator   | Date  | 7 JAH 1                                | <br>     |
| ,  |   |   | 1 P312:                                |          |
|  |   |   | - ယ                                    |          |