

P24000087914

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.

((H24000146305 3)))



H240001463053ABCZ

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 : I20000000019
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
DJ MULTISERVICE USA INC**

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

SECRETARY OF STATE
FLORIDA

2013 APR 22 PM 11:07

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

T.J.H.
2/23/24

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:DI Multiservice USA INC**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

4411 NW 199 STMiami Gardens FL 33055**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Jose Raul Hernandez (P)**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**


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

Jose Raul Hernandez4411 NW 199 STMiami gardens FL 33055**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Jose Raul Hernandez4411 NW 199 STMiami gardens FL 33055FILED
APR 22 PM 1:07
TALLAHASSEE
FLORIDA
STATE

FILED

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_____
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_____
Date

FILED
2011 APR 22 PM 11:07
SECRETARY OF STATE
FLORIDA