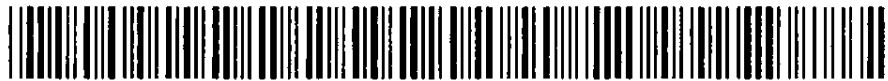


# P24000074828

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.

((H24000405357 3)))



H240004053573ABC

**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 : RASI 5  
Account Number : I20040000031  
Phone : (800)906-9220  
Fax Number : (800)906-9880

**\*\*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**  
**DRTYSTYOUT INC.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

RECEIVED

2024 DEC 11 PM 12:48

STATE  
FALL WASHTE FL

2024 DEC 11 PM 1:32

To:

Page: 6 of 6  
850-617-6381

2024-12-11 10:44:10 CST  
12/10/2024 5:58:26 PM PAGE

Lexitas  
1/001 Fax Server

From: Veronica Gonzalez



December 10, 2024

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RASI 5

SUBJECT: DITRYSTAYOUT CORP.  
REF: W24000162067

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is P24000073131.

If you have any further questions concerning your document, please call (850) 245-6000.

Summer Chatham  
Supervisor  
New Filings Section

FAX Aud. #: H24000405357  
Letter Number: 624A00026775

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

**ARTICLE I NAME**                      **DRTYSTYOUT INC.**

The name of the corporation shall be: \_\_\_\_\_

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

1504 BAY RD #917

MIAMI BEACH FL. 33139

Mailing address, if different is:

1504 BAY RD #917

MIAMI BEACH FL. 33139

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: to engage in any lawful act or activity for  
which corporations may be organized.

**ARTICLE IV SHARES**

The number of shares of stock is: 200

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

Name and Title: SAM J. KHAZARY- President

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

Address

1504 BAY RD #917

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

MIAMI BEACH FL. 33139

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

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

Address

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

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

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

Address

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

2024 DEC 11 PM 1:32

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: SAM J. KHAZARY  
Address: 1504 BAY RD #917  
MIAMI BEACH FL. 33139

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: SAM J. KHAZARY  
Address: 1504 BAY RD #917  
MIAMI BEACH FL. 33139

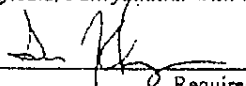
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

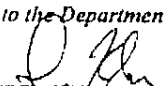
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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*

  
\_\_\_\_\_  
Required Signature/Registered Agent

12-6-24  
\_\_\_\_\_  
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

12-6-24  
\_\_\_\_\_  
Date