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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I2009000081

Phone : (307)200-2803 Fax Number : (855)330-1010

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

Email Address:___

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FLORIDA PROFIT/NON PROFIT CORPORATION **DITRLI INC**

Certificate of Status	0
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Page Count	03
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D O'KEEFE Help DEC 22 2020

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

ARTICLE I NAME The name of the corporat	ion shall be: DITRLI INC			
-				
ARTICLE II PRINCIPAL OFFICE Principal street address 7901 4th St N STE 4851		Mailing address, if different is: 7901 4th St N STE 4851		
St. Petersburg, FL	_ 33702	<u>St. Petersburg</u>	. FL 33702	
ARTICLE III PURPO The purpose for which the	OSE ne corporation is organized is: Market	ing & Management		
	224			
				
ARTICLE IV SHARI	FS			
The number of shares of	stock is: 100			
ARTICLE V <u>INITIA</u>	L OFFICERS AND/OR DIRECTORS		201	
Name and Title	: Filip Maciolowski, PTSD	Name and Title:		
	7901 4th St N	Address:	<u> </u>	
	_STE_4851			
	St. Petersburg, FL 33702		2: 11 LGRIDA	
Name and Title:	· · · · · · · · · · · · · · · · · · ·	Name and Title:	·	
Address		Address:		

Name and Title:		Name and Title:		
Address		Address:		
	40-0-1			

Name and Address	Title:		
ARTICLE VI R. The name and Flor	E <i>GISTERED AGENT</i> r <u>ida street address</u> (P.O. Box NOT acceptable) o	f the registered agent is:	
Name:	Registered Agents Inc.	-	,
Address:	7901 4th ST N STE 300	_	20 AL
	St. Petersburg, FL 33702	-	DEC 2
ARTICLE VII I	NCORPORATOR		
The name and add	lress of the Incorporator is:		FLG
Name:	Riley Park	_	음을 2 1
Address:	7901 4ht St N STE 300		
	St. Petersburg, FL 33702	na.	
Effective date, if o	EFFECTIVE DATE: ther than the date of filing: te is listed, the date must be specific and cannot	(OPTIONAL) ot be more than five days pr	ior or 90 days after the
	nserted in this block does not meet the applicable ective date on the Department of State's records.		, this date will not be listed as
Having been name certificate, I am fa	d as registered agent to accept service of process j miliar with and accept the appointment as registe	for the above stated corporation red agent and agree to act in t	n at the place designated in this his capacity
Bell	Hame		12/21/2020
	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.