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Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : BUSINESS WORLD TRANSACTIONS, INC.
Account Number : 104512000707
Phone : (305)803-2736
Fax Number : (305)646-1527

****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
DIOLY CARE, CORP.

Certificate of Status	0
Certified Copy	0
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ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I

NAME

The name of the corporation shall be: DIOLY CARE. CORP.

ARTICLE II

PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

13230 SW 17 LN APT. 1
MIAMI, FL 33175

ARTICLE III

PURPOSE

The purpose for which the corporation is organized is for 'Any and all lawful business'.

ARTICLE IV

SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: One Thousand (1,000) shares of One Dollar (\$1.00) par value common stock, which shall be designated ☐ COMMON SHARES. ☐

ARTICLE V

INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

DIOLEXIS VIDAL RUFIN
13230 SW 17 LN APT. 1
MIAMI, FL 33175

Prepared by: DIOLEXIS VIDAL RUFIN
13230 SW 17 LN APT. 1
MIAMI, FL 33175
786-722 8422
DIOLEXISVIDALR1972@GMAIL.COM

Electronically Sent By: BUSINESS WORLD TRANSACTIONS
7951 S.W. 40 ST. (BIRD RD.) #201
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BUSINESSWORLDTRANSACTIONS@GMAIL.COM

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Signature

DIRECTOR & PRESIDENT

X

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D

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: DIOLY CARE, CORP.

2. The name and address of the registered agent and office is:

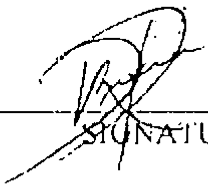
DIOLEXIS VIDAL RUFIN
13230 SW 17 LN APT. 1
MIAMI, FL 33175

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Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

X



(SIGNATURE)

FEBRUARY 3, 2025