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Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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To:

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

From:

Account Name : DRACHMUS DIVERSIFIED SERVICES INC.
Account Number : I20140000101
Phone : (786)461-2935
Fax Number : (866)462-8525

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

Email Address: drachmus@gmail.com

FLORIDA PROFIT/NON PROFIT CORPORATION
DRACHMUS DIVERSIFIED SERVICES INC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$70.00

FILED
14 NOV 17 AM 11:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
14 NOV 17 PM 3:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MD 11/18

COVER LETTER

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

SUBJECT: Drachmus Diversified Services Inc.
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☒ $70.00 Filing Fee	☐ $78.75 Filing Fee & Certificate of Status	☐ $78.75 Filing Fee & Certified Copy	☐ $87.50 Filing Fee, Certified Copy & Certificate of Status

ADDITIONAL COPY REQUIRED

FROM: Drachmus Diversified Services Inc. (Gia Jones)
Name (Printed or typed)

1840 W. 49th Street Suite 214
Address

Hialeah, Florida 33012
City, State & Zip

786 461-2935
Daytime Telephone number

drachmus@gmail.com
E-mail address: (to be used for future annual report notification)

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

ARTICLES OF INCORPORATION

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be: Drachmus Diversified Services Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

1840 W 49th Street Suite 214
Hialeah, Florida 33012

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Business Development, Govt. Contracting Business Consulting, Management

ARTICLE IV SHARES

The number of shares of stock is: 1,500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Benjamin Jones Pres.
Address: 1840 W. 49th Street Suite 214 Hialeah, Florida 33012

Name and Title: Jose Daniel Perez
Address: 1840 W 49th Street Suite 214 Hialeah, Florida 33012

Name and Title: Gia Jones V. Pres.
Address: 1840 W. 49th Street Suite 214 Hialeah, Florida 33012

Name and Title: Christian Alvarez
Address: 1840 W 49th Street Suite 214 Hialeah, Florida 33012

Name and Title:
Address:

Name and Title: Marcus A Jones
Address: 1840 W 49th Street Suite 214 Hialeah, Florida 33012

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: G I A JONES

Address: 1840 W. 49th Street Suite 214
Hialeah, Florida 33012

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: G I A Jones

Address: 1840 W. 49th Street Suite 214
Hialeah, Florida 33012

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

G I A Jones
Required Signature/Registered Agent

10-10-2014 / 11-17-2014 GJ
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.

G I A Jones
Required Signature/Incorporator

10-10-2014 / 11/17/2014 GJ
Date