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Florida Department of State
Division of Corporations
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To: Division of Corporations
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From: Account Name : MONAHAN MIJARES CPA PA
Account Number : I20050000157
Phone : (305)407-1438
Fax Number : (305)397-1003

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

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FLORIDA PROFIT/NON PROFIT CORPORATION

Deicy Rodriguez Consultants, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

15 APR 30 PM 1:45

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Corporate Filing Menu

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JANUARY 11, 2015
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5/1/15

COVER LETTER

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

SUBJECT: Deicy Rodriguez Consultants, 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: Roark R. Monahan

Name (Printed or typed)

Monahan - Mijares CPA, PA

Address

75 Valencia Avenue, St 703

City, State & Zip

Coral Gables, FL 33134

Daytime Telephone number

elismor.castillo@mma.com.ve

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)

ARTICLE I NAMEThe name of the corporation shall be: **Deicy Rodriguez Consultants, Inc.****ARTICLE II PRINCIPAL OFFICE**Principal ~~street~~ address**888 Douglas Rd Apt 113
Coral Gables, FI 33134**

Mailing address, if different is:

**888 Douglas Rd Apt 113
Coral Gables, FI 33134****ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

**Provide Human Resources and Strategic Planning Consulting Services,
and any other lawful business.****ARTICLE IV SHARES**The number of shares of stock is: **1,000****ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: **Deicy Rodriguez - Director/Managing Director**Address: **888 Douglas Rd Apt 113
Coral Gables, FI 33134.**Name and Title: **Antonio Jose Olavarrieta - Director**Address: **7497 Zurich Drive Germantown
TN, FI 38138**

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

2015 APR 30 AM 9:03
SECRETARY OF STATE
FLORIDA

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(cont)

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

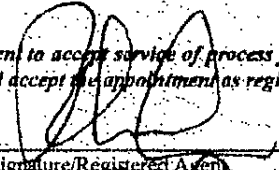
ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Roark R Monahan
Address: 75 Valencia Avenue, Ste 703
Coral Gables, FL 33134

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

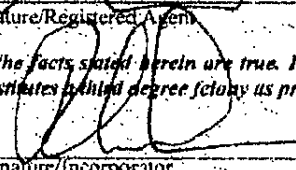
Name: Roark R Monahan
Address: 75 Valencia Av, Ste 70
Coral Gables, FL 33134

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 AgentDate 4/28/15

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/IncorporatorDate 4/28/15