

# P17000058192

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.

((H17000177203 3)))



H170001772033AEC

**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 : INSURE SAFE, INC/MARIA RODRIGUEZ  
Account Number : I20160000047  
Phone : (305) 267-4200  
Fax Number : (305) 267-4206

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

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

RECEIVED

17 JUL -6 AM 5:59

DIVISION OF CORPORATIONS  
BUREAU OF COMMERCIAL  
INFORMATION SERVICES

**FLORIDA PROFIT/NON PROFIT CORPORATION  
DRYWALL MASTERS OF FLORIDA INC.**

Certificate of Status	1
Certified Copy	1
Page Count	01
Estimated Charge	\$87.50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

17 JUL -5 PM 3:23

FILED

N. SAMS

JUL 10 2017

FILED  
17 JUL -5 PM 3:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



July 7, 2017

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

INSURE SAFE, INC/ MARIA RODRIGUEZ

SUBJECT: DRYWALL MASTERS OF FLORIDA INC.  
REF: W17000056101

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.

You must list at least one incorporator with a complete business street address.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Nadira D McCleas-Sams  
Regulatory Specialist II

FAX Aud. #: H17000177203  
Letter Number: 017A00013730

RECEIVED  
17 JUL -7 AM 4:11  
DIVISION OF CORPORATIONS  
BUREAU OF COMMERCIAL  
INFORMATION SERVICES

**ARTICLES OF INCORPORATION**

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

**ARTICLE I NAME**

The name of the corporation shall be: DRYWALL MASTERS OF FLORIDA INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

1304 S. APPLE STREET

IMMOKALEE, FL 34142

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: DRYWALL INSTALLATION

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: JOSE JUAN RODRIGUEZ - PRESIDENT

Address 1304 S. APPLE STREET  
IMMOKALEE, FL 34142

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

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

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

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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

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

FILED  
17 JUL -5 PM 3:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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: JOSE JUAN RODRIGUEZ  
Address: 1304 S. APPLE STREET  
IMMOKALEE, FL 34142

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Jose Juan Rodriguez  
Address: 1304 S. Apple Street  
Immokalee, FL 34142

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 07/06/2017 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 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*

(X) JOSE JUAN RODRIGUEZ  
Required Signature/Registered Agent

07/06/2017

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.*

(X) JOSE JUAN RODRIGUEZ  
Required Signature/Incorporator

07/06/2017

Date