

P180000087158

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

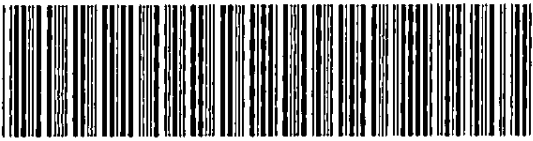
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Certified Copies _____ Certificates of Status _____

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RECEIVED
DEPARTMENT OF STATE
18 OCT 23 AM 8:51
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
2018 OCT 23 AM 8:56

COVER LETTER

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

SUBJECT: R & D 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Roberto Emmanuel Ortiz
Name (Printed or typed)

1728 Wekiva Crossings Blvd.
Address

Apopka FL 32703
City, State & Zip

407-587-5909
Daytime Telephone number

RDDSINC@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)

ARTICLE I NAME

The name of the corporation shall be: R & D Diversified Services INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address: 1728 Wekiwa Crossings Blvd. Apopka FL 32703

Mailing address, if different is:

ARTICLE III PURPOSE

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

ARTICLE IV SHARES

The number of shares of stock is: 10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Roberto Ortiz: President Name and Title: Dethana Nieves: Secretary

Address: 1728 Wekiwa Crossings Blvd. Apopka FL 32703 Address: 1728 Wekiwa Crossing Blvd. Apopka FL 32703

Name and Title: Name and Title:

Address: Address:

Name and Title: Name and Title:

Address: Address:

2018 OCT 23 AM 8:56
SECRETARY OF STATE
ALLAHASSEE, FLORIDA

FILED

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: Roberto E. Ortiz
Address: 1728 Wekiwa Crossings Blvd.
Apopka Fl. 32703

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Roberto E. Ortiz
Address: 1728 Wekiwa Crossings Blvd.
Apopka Fl. 32703

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (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

Roberto E. Ortiz 10/23/18
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.

Roberto E. Ortiz 10/23/18
Required Signature/Incorporator Date