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(Requestor's Name)

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(City/State/Zip/Phone #)

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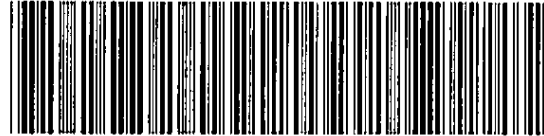
(Business Entity Name)

(Document Number)

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2019 SEP 19 AM 11:07  
CLERK OF STATE  
TOLAHASSEE, FL 32310

D O'KEEFE

SEP 19 2019

## COVER LETTER

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

**SUBJECT:** DROVEMPLUS TACHIRA CORP

(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      ☒ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status  
**ADDITIONAL COPY REQUIRED**

**FROM:** JOSE DAVID VIVAS DIAZ

Name (Printed or typed)

18130 NW 59TH AVE APT 103

Address

HIALEAH , FL 33015

City, State & Zip

786-613-1744

Daytime Telephone number

PROFESSIONALS.CONTACT@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: DROVEMPLUS TACHIRA CORP

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
18130 NW 59TH AVE APT 103  
HALEAH, FL 33015

Mailing address, if different is:  
SAME

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: CONSULTING SERVICES AND ALL LEGAL SERVICES.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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TALLAHASSEE, FLORIDA

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

Name and Title: CARMEN MARTIZA VIVAS DIAZ (P)

Address: 18130 NW 59TH AVE APT 103  
HALEAH, FL 33015

Name and Title: JOSE DAVID VIVAS DIAZ (VP)

Address: 18130 NW 59TH AVE APT 103  
HALEAH, FL 33015

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

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

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

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

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

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

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

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

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 DAVID VIVAS DIAZ  
Address: 18130 NW 59TH AVE APT 103  
HIALEAH, FL 33015

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: JOSE DAVID VIVAS DIAZ  
Address: 18130 NW 59TH AVE APT 103  
HIALEAH, FL 33015

**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*

\_\_\_\_\_  
Required Signature/Registered Agent

09/17/2019  
\_\_\_\_\_  
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.*

\_\_\_\_\_  
Required Signature/Incorporator

09/17/2019  
\_\_\_\_\_  
Date

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DEPARTMENT OF STATE  
HALL CHASSEE, FL 32109