

Division of Corporations

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P20000013053

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 : MAS INSURANCE & ACCOUNTING LLC  
Account Number : 120170000039  
Phone : (407) 301-2659  
Fax Number : (407) 846-0320

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

Email Address:

brenda.mas@aol.com

**FLORIDA PROFIT/NON PROFIT CORPORATION**  
**DR BLESSED CLEANING INC**

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

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FEB 14 2020

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Corporate Filing Menu

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## COVER LETTER

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

SUBJECT: DR Blessed Cleaning 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: DR Blessed Cleaning Inc  
Name (Printed or typed)

3657 Yacobian Pl  
Address

Orlando, FL 32824  
City, State & Zip

787 817.1400  
Daytime Telephone number

brenda.mas@aol.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:

DR Blessed Cleaning Inc**ARTICLE II PRINCIPAL OFFICE**

Principal street address

3657 Jacobian PL

Mailing address, if different is.

Orlando FL 32824**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

All lawfull acts**ARTICLE IV SHARES**

The number of shares of stock is:

1000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title:

Damaris Rodriguez (P)  
3657 Jacobian PL  
Orlando FL 32824

Name and Title:

Address:

Address:

Name and Title:

Name and Title:

Address:

Address:

Name and Title:

Name and Title:

Address:

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: Damaris Rodriguez  
 Address: 3657 Jacobian Pl  
Orlando FL 32824

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Damaris Rodriguez  
 Address: 3657 Jacobian Pl  
Orlando, FL 32824

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 2/9/20 (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

Damaris Rodriguez 2/9/20  
 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.

Damaris Rodriguez 2/9/20  
 Required Signature/Incorporator Date