

P21 0000001959

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.

((H21000013374 3)))



H210000133743ABCV

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 : WHOLE TAX PROFESSIONAL SERVICES, INC.
Account Number : I20200000179
Phone : (786)253-9951
Fax Number : (305)397-1052

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

Email Address: wholetax@gmail.com

**FLORIDA PROFIT/NON PROFIT CORPORATION
DIAZ BROTHERS SERVICES, INC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

J. FASON

JAN 12 2021

Electronic Filing Menu

Corporate Filing Menu

Help

2021 JAN 11 AM 6:53

2021 JAN 11 PM 4:07

H21000013374

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: DIAZ BROTHERS SERVICES, INC**ARTICLE II PRINCIPAL OFFICE**

Principal street address

1230 NE 3RD TER APT 240HOMESTEAD, FL 33030

Mailing address, if different is:

1230 NE 3RD TER APT 240HOMESTEAD, FL 33030**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: 1000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: ARNULFO DIAZ CABRERA- PRESIDENTAddress 1230 NE 3RD TER APT 240HOMESTEAD, FL 33030Name and Title: BAUDILIO B DIAZ CABRERA- VICE PRESIDENTAddress 1230 NE 3RD TER APT 240HOMESTEAD, FL 33030

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

2021 JAN 11 AM 6:53

H21000013374

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: WHOLE TAX PROFESSIONAL SERVICES INCAddress: 1800 SW 1ST ST SUITE 202, MIAMI FL 33135**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: ARNULFO DIAZ CABRERAAddress: 1230 NE 3RD TER APT 240HOMESTEAD, FL 33030

2021 JAN 11 AM 6:53

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_____
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_____
Date