

P22000018723

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

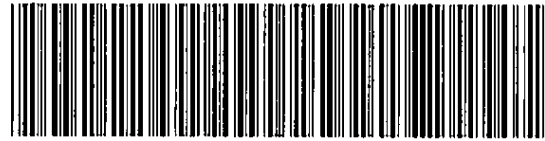
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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RECEIVED  
2022 MAR 11 PM 3:31  
TALLAHASSEE, FL

FILED  
2022 MAR 11 PM 2:53  
SECRETARY OF STATE  
TALLAHASSEE, FL

**Sunshine State Corporate Compliance Company**

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 03/11/2022

**\*\*WALK IN\*\***

ENTITY NAME D Rodriguez Consulting Inc

DOCUMENT NUMBER \_\_\_\_\_

**\*\*PLEASE FILE THE ATTACHED AND RETURN\*\***

XXXXXX

*Plain Copy*

*Certified Copy*

*Certificate of Status*

**\*\*PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY\*\***

*Certified Copy of Arts & Amendments*

*Certificate of Good Standing*

**\*\*APOSTILLE / NOTARIAL CERTIFICATION\*\***

COUNTRY OF DESTINATION \_\_\_\_\_

NUMBER OF CERTIFICATES REQUESTED \_\_\_\_\_

TOTAL OWED \$70

ACCOUNT #: I20160000072

*E. R. F/M*

*Please call Tina at the above number for any issues or concerns. Thank you so much!*

## COVER LETTER

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

**SUBJECT:** D Rodriguez Consulting 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      ☐ \$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:** Kris Nicholas - Unisearch Inc

Name (Printed or typed)

4 Venture, Suite 280

Address

Irvine, CA 92618

City, State & Zip

949-359-4228

Daytime Telephone number

rodriguez.dana@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: D Rodriguez Consulting Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal **street** address

Mailing address, if different is:

19375 US HWY 19N, APT 401

CLEARWATER, FL, 33764

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Medical Device Consulting

**ARTICLE IV SHARES**

The number of shares of stock is: 25000

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

Name and Title: Dana Rodriguez - President

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

Address: 19375 US HWY 19N, APT 401

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

CLEARWATER, FL, 33764

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

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

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

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

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

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

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

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

**FILED**  
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TALLAHASSEE, FL

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: Dana Rodriguez  
Address: 19375 US HWY 19N, APT 401  
CLEARWATER, FL, 33764

**ARTICLE VII INCORPORATOR**

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

Name: Dana Rodriguez  
Address: 19375 US HWY 19N, APT 401  
CLEARWATER, FL, 33764

**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*

Dana Rodriguez

Required Signature/Registered Agent

3/11/2022

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.*

Dana Rodriguez

3/11/2022