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\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

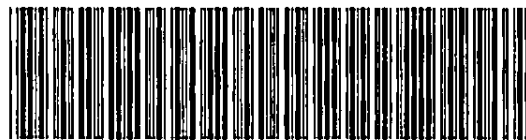
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

T. SCOTT

APR 15 2022



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03/01/22--01010--001 \$470.00

22 APR 15 2022  
FILING OFFICE  
CLERK



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 18, 2022

DANIEL CANALES  
9304 SCARLETTE OAK  
FORT MYERS, FL 33912

SUBJECT: DC COMPLETE HOME SERVICES  
Ref. Number: W22000035890

We have received your document for DC COMPLETE HOME SERVICES and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

The effective date is not acceptable since it is not within five working days of the date of receipt.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tyrone Scott  
Regulatory Specialist II  
New Filings Section

Letter Number: 222A00006517

## COVER LETTER

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

**SUBJECT:** DC COMPLETE HOME SERVICES  
(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

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

**FROM:** DANIEL CANALES  
Name (Printed or typed)

9304 SCARLETTE OAK  
Address

FORT MYERS, FL 33912  
City, State & Zip

(239) 317-5811  
Daytime Telephone number

DCANALES1@HOTMAIL.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: DC COMPLETE HOME SERVICES, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

9304 SCARLETTE OAK

FORT MYERS, FL 33912

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: HOME MANAGEMENT SERVICES

**ARTICLE IV SHARES**

The number of shares of stock is: 0.00

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

Name and Title: DANIEL CANALES, PRESIDENT

Name and Title: TAMAR CANALES, VICE PRESIDENT

Address 9304 SCARLETTE OAK

Address: 9304 SCARLETTE OAK

FORT MYERS, FL 33912

FORT MYERS, FL 33912

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: DANIEL CANALES  
Address: 9304 SCARLETTE OAK  
FORT MYERS, FL 33912

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: DANIEL CANALES  
Address: 9304 SCARLETTE OAK  
FORT MYERS, FL 33912

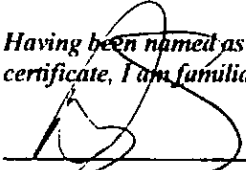
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

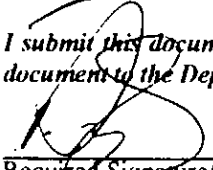
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

**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  
2-23-2022  
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.*

 \_\_\_\_\_  
Required Signature/Incorporator  
2-23-2022  
Date