

P220000035401

(Requestor's Name)

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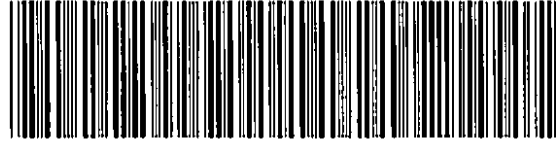
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE  
TALLAHASSEE, FL

FILING

KD process

(850) 727 4363

## COVER LETTER

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

**SUBJECT: USA LEGAL SUPPORT SERVICES 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: SIOLY F RODRIGUEZ**  
\_\_\_\_\_  
Name (Printed or typed)

**250 NE 25TH ST #910**  
\_\_\_\_\_  
Address

**MIAMI, FL 33137**  
\_\_\_\_\_  
City, State & Zip

**786-374.1566**  
\_\_\_\_\_  
Daytime Telephone number

**RODRIGUEZSIOLY@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: USA LEGAL SUPPORT SERVICES Corp.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
250 NE 25TH NO. 910

MIAMI, FL 33137

Mailing address, if different is:

250 NE 25th No. 910

Miami, FL 33137

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: FOR ALL AND ANY LEGAL BUSINESS PURPOSES

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: SIOLY F RODRIGUEZ - Director

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

Address 250 NE 25th St #910 Miami FL 33137

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

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

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

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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

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**2022 MAY 12 PM 2:32**  
SECRETARY OF STATE  
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: SIOLY F RODRIGUEZ  
Address: 250 NE 25th Street # 910 Miami FL 33137  
\_\_\_\_\_

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: SIOLY F RODRIGUEZ  
Address: 250 NE 25th Street # 910 Miami FL 33137  
\_\_\_\_\_

**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.

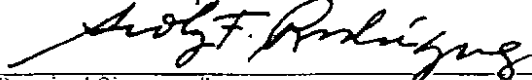
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
Required Signature/Registered Agent

05/11/2022

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.*

  
Required Signature/Incorporator

05/11/2022

Date

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**2022 MAY 12 PM 2:32**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FL**