

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 : LAMADRID FINANCIAL SERVICES CORP
Account Number : I20200000059
Phone : (954)727-9771
Fax Number : (954)727-9773

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

Email Address: dione@lamadridfinancial.com

RECEIVED

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CORPORATIONS
COMMERCIAL
SERVICES

FLORIDA PROFIT/NON PROFIT CORPORATION

DRGB MULTISERVICES INC

| | |
|-----------------------|---------|
| Certificate of Status | 1 |
| Certified Copy | 0 |
| Page Count | 05 |
| Estimated Charge | \$78.75 |

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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: DRGB MULTISERVICES 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:** BARBARA D BRITO GARCIA

Name (Printed or typed)

3359 NW 47TH AVE

Address

COCONUT CREEK, FL 33063

City, State & Zip

786-877-5277

Daytime Telephone number

BARBARADAYANIS1970@GMAIL.COM

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

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ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: DRGB MULTISERVICES INC**ARTICLE II PRINCIPAL OFFICE**Principal street address3359 NW 47TH AVECOCONUT CREEK, FL 33063

Mailing address, if different is:

3359 NW 47TH AVECOCONUT CREEK, FL 33063**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: DYRON GARCIA BRITOName and Title: PRESIDENTAddress: 3359 NW 47TH AVE

Address: _____

COCONUT CREEK, FL 33063Name and Title: BARBARA D BRITO GARCIAName and Title: VICE PRESIDENTAddress: 3359 NW 47TH AVE

Address: _____

COCONUT CREEK, FL 33063

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

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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: LAMADRID FINANCIAL SERVICES CORPAddress: 1265 S PINE ISLAND RDPLANTATION, FL 33324**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: BARBARA D BRITO GARCIAAddress: 3359 NW 47TH AVECOCONUT CREEK, FL 33063**ARTICLE VIII EFFECTIVE DATE:**Effective date, if other than the date of filing: 05/26/2022 (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*ALEXIS LAMADRID

Required Signature/Registered Agent

05/26/2022

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.*BARBARA D BRITO GARCIA

Required Signature/Incorporator

05/26/2022

Date

2022-05-26 PM 12:48

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