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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 : 120200000059
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: info@lamadridfinancial.com

**FLORIDA PROFIT/NON PROFIT CORPORATION
RODRIGUEZ EMERGENCY SERVICES INC**

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$78.75

FILED
23 APR -3 PM 12:35
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: RODRIGUEZ EMERGENCY SERVICES 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: RICARDO A RODRIGUEZ
Name (Printed or typed)

10145 NW 9TH STREET CIR APT 505
Address

MIAMI, FL 33172
City, State & Zip

787-667-9920
Daytime Telephone number

RICARDO.RODRIGUEZ6840@GMAIL.COM
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FL 32314

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 NAME

The name of the corporation shall be: RODRIGUEZ EMERGENCY SERVICES INC

ARTICLE II PRINCIPAL OFFICE

Principal street address
10145 NW 9TH STREET CIR APT 505
MIAMI, FL 33172

Mailing address, if different is:
SAME

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ALL AND ANY LAWFULL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Ricardo A Rodriguez - President Name and Title: _____

Address: 10145 NW 9TH STREET CIR APT 505 Address: _____
MIAMI, FL 33172

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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TAMPA, FLORIDA

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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

Address: 10154 WEST FLAGLER ST

MIAMI, FL 33174

ARTICLE VII INCORPORATOR

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

Name: Ricardo A Rodriguez - President

Address: 10145 NW 9TH STREET CIR APT 505

MIAMI, FL 33172

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

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

04-03-2023

Date

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23 APR-3 PM 12:35

04-03-2023

Date

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23 APR-3 PM 12:35

04-03-2023

Date

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