

P23000061966

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 : ARES & COMPANY, C.P.A., P.A.
Account Number : I20000000268
Phone : (305)229-8256
Fax Number : (305)229-8252

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

Email Address: completedatasolutionsinc@gmail.com

FLORIDA PROFIT/NON PROFIT CORPORATION

Complete Data Solutions Inc

DATA PLUS SOLUTIONS INC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

SECRETARY OF STATE
FALL HAVEN, FL 32610

2023 AUG 24 PM 4:17

FILED

COVER LETTER

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

SUBJECT: ~~XXXXXXXXXXXXXXXXXXXX~~ DATA PLUS SOLUTIONS INC
~~Complete Data Solutions 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: Ares & Company CPA
Name (Printed or typed)

3636 SW 87 Ave
Address

Miami, FL 33165
City, State & Zip

305-229-8256
Daytime Telephone number

completedatasolutionsinc@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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2023 AUG 24 PM 4:17
STATE OF FLORIDA
TALLAHASSEE, FL 32310

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: ~~COMPANY DATA SOLUTIONS INC~~ DATA PLUS SOLUTIONS INC

ARTICLE II PRINCIPAL OFFICE

3636 SW 87 Ave Principal street address

Mailing address, if different is:

Miami, FL 33165

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: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Manuel J Piedra

Name and Title: President

Address: 3636 SW 87 Ave

Address:

Miami, FL 33165

Name and Title: John Quintana

Name and Title: Vice President

Address: 3636 SW 87 Ave

Address:

Miami, FL 33165

Name and Title:

Name and Title:

Address:

Address:

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2023 AUG 24 PM 4:17
FALLEN ASSOCIATES, FLORENCE

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: Manuel J Piedra

Address: 3636 SW 87 Ave

Miami, FL 33165

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Manuel J Piedra

Address: 3636 SW 87 Ave

Miami, FL 33165

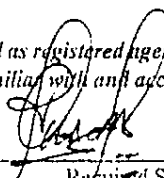
ARTICLE VIII EFFECTIVE DATE:

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.

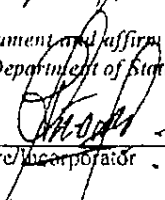
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

08/27/2023
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

08/27/2023
Date