

6/24/24, 12:56 PM

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 Division of Corporations
 Florida Department of State
 Division of Corporations
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To:

Division of Corporations
 Fax Number : (850)617-6381

From:

Account Name : TAX S PRO CORP
 Account Number : I20200000147
 Phone : (786)307-2733
 Fax Number : (954)420-7118

****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@TAXSPRO.COM**

RECEIVED
 2024 JUN 24 PM 1:19
 CORPORATIONS
 COMMERCIAL
 SERVICES

**FLORIDA PROFIT/NON PROFIT CORPORATION
 DIEGO MANAGEMENT AND CONSULTING CORP**

Certificate of Status	0
Certified Copy	0
Page Count	04
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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: DIEGO MANAGEMENT AND CONSULTING 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
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: TAX S PRO CORP
Name (Printed or typed)

8030 PINES BLVD
Address

PEMBROKE PINES , FLORIDA 33024
City, State & Zip

786-3072733
Daytime Telephone number

INFO@TAXSPRO.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:

DIEGO MANAGEMENT AND CONSULTING CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address

3121 RANGER DR

SAINT CLOUD, FL 34771

Mailing address, if different is:

3121 RANGER DR

SAINT CLOUD, FL 34771

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:

Address

PRESIDENT

Address:

DIAS, DIEGO TAVARES

3121 RANGER DR

SAINT CLOUD, FL 34771

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

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2024 JUN 25 AM 10:53
CLERK OF STATE
TAMM SE
F 10915

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: TAX S PRO CORP
Address: 8030 PINES BLVD
PEMBROKE PINES , FL 33024

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Address: TAX S PRO CORP
8030 PINES BLVD
PEMBROKE PINES , FL 33024

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 06/24/2024 (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	<u>06/24/2024</u> Date
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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	<u>06/24/2024</u> Date
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