

Division of Corporations

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax/audit number (shown below) on the top and bottom of all pages of the document.

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To:

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

From:

Account Name : CUSI CONSULTING, INC.
Account Number : I20230000150
Phone : (786)616-3495
Fax Number : (305)714-3014

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

Email Address: _____

2025 JAN -2 PM 12:46
RECEIVED
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FL

FLORIDA PROFIT/NON PROFIT CORPORATION

Pro Help Services, Corp.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu

Help

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: Pro Help Services, Corp.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

7325 Encanto Ct, Apt 202

Tampa, FL 33634

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Carpenter Finish

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Yordany Rodriguez, President Name and Title: _____

Address: 7325 Encanto Ct, Apt 202 Address: _____

Tampa, FL 33634 _____

_____ _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

_____ _____

_____ _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

_____ _____

_____ _____

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: Yordany Rodriguez
Address: 7325 Encanto Ct, Apt 202
Tampa, FL 33634

ARTICLE VII INCORPORATOR

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

Name: Yordany Rodriguez
Address: 7325 Encanto Ct, Apt 202
Tampa, FL 33634

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

 1/2/2025
Required Signature/Registered Agent 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.

 1/2/2025
Required Signature/Incorporator atc