

PA22000041340

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: drona@lamadridfinancial.com

RECEIVED

2022 MAY 26 PM 3:21

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

2022 MAY 26 PM 12:48

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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 NAME

The name of the corporation shall be: DRGB MULTISERVICES INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

3359 NW 47TH AVE

COCONUT CREEK, FL 33063

Mailing address, if different is:

3359 NW 47TH AVE

COCONUT 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 BRITO

Name and Title: PRESIDENT

Address: 3359 NW 47TH AVE

Address: _____

COCONUT CREEK, FL 33063

Name and Title: BARBARA D BRITO GARCIA

Name and Title: VICE PRESIDENT

Address: 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 CORP
 Address: 1265 S PINE ISLAND RD
PLANTATION, FL 33324

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: BARBARA D BRITO GARCIA
 Address: 3359 NW 47TH AVE
COCONUT 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 05/26/2022
 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.S.

BARBARA D BRITO GARCIA 05/26/2022
 Required Signature/Incorporator Date

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