

Division of Corporations

# Florida Department of State

Division of Corporations  
Electronic Filing Cover Sheet

**PR5000000194**

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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: \_\_\_\_\_

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FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
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## FLORIDA PROFIT/NON PROFIT CORPORATION

Pro Help Services, Corp.

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

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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: 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