

P/5000037796

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

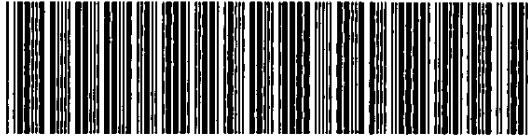
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
15 APR 23 PM 12: 21

h 04/28/15

COVER LETTER

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

SUBJECT: O.A.A.A. Professional Service Corporation

(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: O.A.A.A. Professional Service Corporation

Name (Printed or typed)

17639 S.W. 176th Ct

Address

Miami, FL 33177

City, State & Zip

305-970-3932

Daytime Telephone number

Odalis13@aol.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 O.A.A.A. Professional Service Corporation

The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

17639 S.W. 176th Ct

Miami, FL 33177

ARTICLE III PURPOSE

Any and all lawful business

The purpose for which the corporation is organized is: _____

ARTICLE IV SHARES 100

The number of shares of stock is: _____

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ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Odalis Paez, President Name and Title: _____

Address: 17639 S.W. 136th Ct Address: _____

Miami, FL 33177

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: Paez, Odalis
 Address: 17639 S.W. 136th Ct
 Miami, FL 33177

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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Paez, Odalis
 Address: 17639 S.W. 136th Ct
 Miami, FL 33177

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

Odalis Paez

Required Signature/Registered Agent

4/19/2015
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.

Odalis Paez

Required Signature/Incorporator

4/19/2015
Date