

P22000089110

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

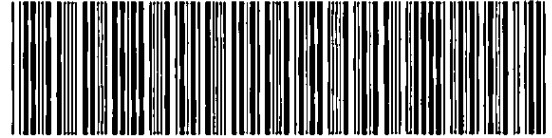
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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S. CHATHAM
DEC - 5 2022

RECEIVED
2022 DEC - 5 AM 11:47
TALLAHASSEE, FLORIDA

STATE OF FLORIDA
DIVISION OF CORPORATION
22 DEC - 5 AM 8 40

COVER LETTER

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

SUBJECT: OEM FLORIDA 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: Stephanie A. Pevenage

Name (Printed or typed)

10 E. 40th Street, Suite 3310

Address

New York, NY 10016

City, State & Zip

(212) 687-1155

Daytime Telephone number

spevenage@nilsonlaw.com

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 177083 7545742

AUTHORIZATION : 

COST LIMIT : \$ 700.00

ORDER DATE : December 2, 2022

ORDER TIME : 9:27 AM

ORDER NO. : 177083-005

CUSTOMER NO: 7545742

DOMESTIC FILING

NAME: OEM FLORIDA INC.

EFFECTIVE DATE:

XX ARTICLES OF INCORPORATION
 CERTIFICATE OF LIMITED PARTNERSHIP
 ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker - EXT.

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

OEM FLORIDA INC.

The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address
5993 Saint Lucie Boulevard
Fort Pierce, FL 34946

Mailing address, if different is:

ARTICLE III PURPOSE

To engage in any activity within the purpose for which
The purpose for which the corporation is organized is: _____

corporations may be organized under the Florida Business Corporation Act

ARTICLE IV SHARES

The number of shares of stock is: 2,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Alain Brasseur, Director and President

Address: 3955 Lesage Street
Sherbrooke, Quebec J1L2Z9
Canada

Name and Title: Caitlin Delaney

Address: 10 E. 40th Street, Suite 3310
New York, NY 10016

Name and Title: Dave Clapperton, Director

Address: 3955 Lesage Street
Sherbrooke, Quebec J1L2Z9
Canada

Name and Title: _____
Address: _____

Name and Title: Manon Tremblay, Director and Treasurer

Address: 3955 Lesage Street
Sherbrooke, Quebec J1L2Z9
Canada

Name and Title: _____
Address: _____

FILED
SECTION 607 OF
DIVISION OF CORPORATIONS
STATE OF FLORIDA
12 DEC -5 AM 3:40

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: Corporation Service Company
 Address: 1201 Hays Street
 Tallahassee, FL 32301

ARTICLE VII INCORPORATOR

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

Name: Stephanie A. Pevenage
 Address: 10 E. 40th Street, Suite 3310
 New York, NY 10016

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 22 DEC -5 AM 8:40

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

Eylina Bahar
 Assistant Vice President

Required Signature/Registered Agent

12/5/2022

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.

Stephanie A. Pevenage

Required Signature/Incorporator

12/2/2022

Date