

AUG/22/2014 FRI 12:17 PM

FAX No

1.001

872-144

Division of Corporations

**Florida Department of State**  
**Division of Corporations**  
**Electronic Filing Cover Sheet**

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**FLORIDA PROFIT/NON PROFIT CORPORATION**  
**OM PROPERTY MAINTENANCE, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

*08/25/14*

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P. 002

**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: OM PROPERTY MAINTENANCE, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

2465 SW 18TH AVE

APT: 3101

MIAMI, FL 33145

Mailing address, if different is:

2465 SW 18TH AVE

APT: 3101

MIAMI, FL 33145

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

**ARTICLE IV SHARES** 100

The number of shares of stock is: \_\_\_\_\_

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: (P) OSTERMAN MATOS

Address: 2465 SW 18TH AVE

APT: 3101

MIAMI, FL 33145

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

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P. 003

(cont.)

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: OSTERMAN MATOS  
Address: 2465 SW 18TH AVE APT: 3101  
MIAMI, FL 33145

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: OSTERMAN MATOS  
Address: 2465 SW 18TH AVE APT: 3101  
MIAMI, FL 33145

*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*

  
\_\_\_\_\_  
Required Signature/Registered Agent

8/21/2014

\_\_\_\_\_  
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.*

  
\_\_\_\_\_  
Required Signature/Incorporator

8/21/2014

\_\_\_\_\_  
Date

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