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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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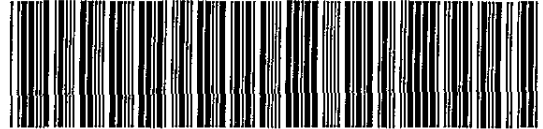
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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~~W03-2757~~

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03 FEB 24 PM 12:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2-24-03

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** OPM Inc. D/B/A Strega Moon Productions  
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Joseph M Glaser Buscarino  
(Name of Person)  
Strega Moon Productions  
(Firm/Company)  
10167 Foal Road  
(Address)  
Lake Worth Florida 33467  
(City/State and Zip code)

For further information concerning this matter, please call:

Joseph Buscarino at (561) 642-2944  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

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Enclosed is a check for the following amount:

- ☒ \$70.00 Filing Fee    ☐ \$78.75 Filing Fee & Certificate of Status    ☐ \$78.75 Filing Fee & Certified Copy    ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE  
Ken Detzner  
Secretary of State

January 30, 2003

JOSEPH M. GLASER BUSCARINO  
STREGA MOON PRODUCTIONS  
10167 FOAL RD.  
LAKE WORTH, FL 33467

SUBJECT: O.P.M. INC.  
Ref. Number: W03000002757

We have received your document for O.P.M. INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is not available. Therefore, the corporation must adopt an alternate name for use in the state of Florida. To adopt an alternate name the corporation must submit a corporate resolution by the board of directors adopting the alternate name for use in the state of Florida. Please note the corporate resolution must be signed by the chairman, vice chairman, or an officer of the corporation. The alternate name must contain a corporate suffix. Such suffixes include: Corporation, Corp., Incorporated, Inc., Company, and CO.

Please RETURN ALL DOCUMENTATION to the ATTENTION of the DOCUMENT SPECIALIST indicated.

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6025.

Trevor Brumbley  
Document Specialist

Letter Number: 903A00006358

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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FROM :

FAX NO. :5617331403

Feb. 2 2003 10:30AM P3

# APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. O.P.M. Inc.  
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. New York  
(State or country under the law of which it is incorporated)
3. 11-3122289  
(FEI number, if applicable)
4. Nov 17, 1992  
(Date of incorporation)
5. Perpetual  
(Duration: Year corp. will cease to exist or "perpetual")
6. March 1 2003  
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "pan qualification." (SEE SECTIONS 607.1501, 607.1502 and 617.155, F.S.)
7. 10167 Foal Road Lake Worth FL 33467  
(Principal office address)
- 10167 Foal Road Lake Worth FL 33467  
(Current mailing address)
8. Retail and Special Events  
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box Not acceptable)  
Name: Joseph M Glaser Buscarino  
Office Address: 10167 Foal Road  
Lake Worth, Florida 33467  
(City) (Zip code)

## 10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Joseph M Glaser Buscarino  
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

03 FEB 24 PM 12:05

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Feb 10 03 01:38p

Strega Moon Productions

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p.2

## RESOLUTION OF BOARD OF DIRECTORS

(Please print or type)

I, the undersigned Joseph M Glaser Buscarino hereby certify  
(Name)

that this Resolution of the Board of Directors of OPM Inc

(Corporate Name)

a corporation duly organized and existing under the laws of the State of New York

was duly adopted on Nov 1992

Be it resolved, that OPM Inc  
(Corporate Name)

organized and existing in the State of Florida, hereby adopts the name

Strega Moon Productions Inc. for use in Florida

Dated: 2/24/03

Joseph M Glaser Buscarino  
Signature of either Chairman, Vice Chairman or any officer

Joseph M Glaser Buscarino  
Type or print name

AND  
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TALLAHASSEE, FLORIDA

Make checks payable to Florida Department of State at d m h to :  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: \_\_\_\_\_

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

Vice Chairman: \_\_\_\_\_

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

Director: \_\_\_\_\_

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

Director: \_\_\_\_\_

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

B. OFFICERS

President: Joseph M Glaser Buscarno

Address: 10167 Ford Road, Lake Worth Florida 33467

Vice President: Stephen S Glaser Buscarno

Address: 10155 Ford Road Lake Worth, Florida, 33467

Secretary: Stephen S Glaser Buscarno

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

Treasurer: Joseph M Glaser Buscarno

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

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TALLAHASSEE, FLORIDA

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NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Joseph M Glaser Buscarno  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Joseph M Glaser Buscarno  
(Typed or printed name and capacity of person signing application)

**State of New York** } ss:  
**Department of State**

I hereby certify, that the Certificate of Incorporation of O.P.M. INC. was filed on 11/12/1992, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is a subsisting corporation.

\*\*\*

*Witness my hand and the official seal  
of the Department of State at the City  
of Albany, this 19th day of November  
two thousand and two.*

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