F17000001782

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
Cit	y/State/Zip/Phon	ie#)
<u></u>	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number)
Certified Copies	_ Certificate	es of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE
SECRETARY OF STATE

D. SCOTT APR 2 0 2017



April 5, 2017

SOFIA BUHAESCU 2345 STANFORD CT SUITE 602 NAPLES, FL 34112

SUBJECT: OVIE SERVICES, INC. Ref. Number: W17000028866

We have received your document for OVIE SERVICES, 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 designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

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) 245-6051.

Dionne M Pijeaux Regulatory Specialist

Letter Number: 717A00006511

2017 APR 17 PM 3: 0.0

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SECRETARY OF STATE
TALLARIASSEE, FLORIDA

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: OVIE SERVICE	ES INC
	i - must include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for "Certificate of Existence," or "Certificate of Good State above referenced foreign corporation to transact business.	nding" and check are submitted to register the
Please return all correspondence concerning this matte	r to the following:
SOFIA BUHAE	SCU
Name of	
OVIE SERVI	CES INC
Firm/Con	
2345 STANFOR	D CT SUTE 602
Addr	•
NAPLES	PC 34112
	nd Zip code
abunaes (a ba weed	Ovielagistics. com
	for future annual report notification)
For further information concerning this matter, please	:all: =්ය ಮ
Sha Bilaren 734	604-6221
Name of Person Area Cod	e Daytime Telephone Number
	SSS 7 L
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Q Registration Section
Division of Corporations	Division of Corporations
Clifton Building 2661 Executive Center Circle	P.O. Box 6327 Tallahassee, FL 32314
Tallahassee, FL 32301	Tattanassee, FL 32314
Enclosed is a check for the following amount:	
\$\\$\\$\$570.00 Filing Fee \Bigcup \text{S78.75 Filing Fee & Certificate of Status}	1 \$78.75 Filing Fee & S87.50 Filing Fee. Certified Copy Certified Copy Certified Copy

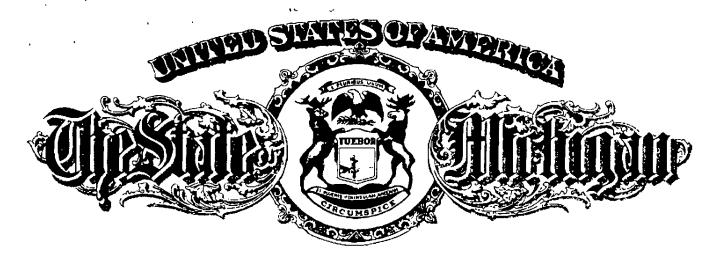
APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

1		SERYICES,		
(Enter name of ec "Inc.," "Co.," "Co	orporation; must orp," "Inc," "Co.	include "INCORPORATE " or "Corp.")	D," "COMPANY," "CORPORATION,"	
(If name unavaila	ble in Florida, e	nter alternate cornorate nar	ne adopted for the purpose of transacting busin	ace in Etorida)
ALA S	A	1		
2. (State or country	under the law	Which it is incorporated)	326-034-0650 (FEI number, if applicable	2)
·· 	2007		5	
(Date	of incorporation) / 5	5. (Date of duration, if other than pe	rpetual)
6		anuary 15		
	(SPE 8	FCTIONS 607 1501 & 601	s in Florida, if prior to registration) .1502, F.S., to determine penalty liability)	2 5 21.1
7. 0	1345 S	TANFORD C	T8mle#602 NAPLE	3 H 341
		(Prir	cipal office address)	
		(Current ma	iling address, if different)	
8. Name and stree	Laddress of Fl	orida registered agent: (P.O. Box NOT acceptable)	
Name:	_	- A BUHAE	•	FS SS
				國為卫
Office Address:	100	JOS TOP FOR D	CT Suite #602 .Florida 34/12	颜 与 丽
	- May	ores	Florida	出事業に
	•	(City)	(Zip code)	9
9. Registered age			rvice of process for the above stated corp	SA E
designated in this	application, I	hereby accept the appoi	ntment as registered agent and agree to a	ct in this capacity.
further agree to co duties, and I am fo	mply with the imiliar with a	provisions of all statute and accept the obligation	s relative to the proper and complete per, s of my position as registered agent.	formance of my
•		1	. ^	
		K	a Mu	J
_		0	· / · · · · ·	
		(Register	ed agent s signature)	

10. 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.

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

A. DIRECTO	OVIDIU ALDEA
Address:	I'm RAYFOUT DI HOTHOLOG Mander FI 34h
	•
Vice Chairman;	SOFIA A BUHAESCU
Address:	410 BAYFRONT PL ABT #2409 Naples 7234102
Director:	
Address:	
Director:	
Address:	
B. OFFICER President:	S QUIDIU ALDEA 410 BAYTRONT PL APT 2409 Naples FL 34102
Vice President:	SOFIA A BUHAESCU 40 BAYFRONT BE APT 2409 NAPLES FL 34/02
Secretary:	
	TALL ST.S.
Address:	
NOTE: If nec	essary, you may attach an addendum to the application listing additional officers and/or directors
12	Ha Million 55. 4
are true and tha	Signature of Director or Officer director signing this document (and who is listed in number 11 above) affirms that the facts stated herein at he or she is aware that false information submitted in a document to the Department of State constitutes belong as provided for in s.817.155, F.S.
13	SOFIA BUHAESCU - VICE PRESIDENT
	(Typed or printed name and capacity of person signing application)





This is to Certify That

OVIE SERVICES, INC.

was validly incorporated on June 11, 2007, as a Michigan profit corporation, and said corporation is validly in existence under the laws of this state.

This certificate is issued pursuant to the provisions of 1972 PA 284, as amended, to attest to the fact that the corporation is in good standing in Michigan as of this date and is duly authorized to transact business and for no other purpose.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 22nd day of March, 2017.

Julia Dale, Director

Corporations, Securities & Commercial Licensing Bureau