

M23000014262

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

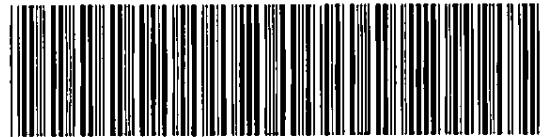
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2024 JAN 31 PM 3:23
ALLAHASSIE, FLOR



CSC - Tallahassee
1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext: 61592

To: Department Of State, Division Of Corporations
From: Alexxis Weiland-Sorenson
Ext: 61592
Date: 01/31/24
Order #: 1412075-1
Re: Oci Associates, LLC
Processing Method: Routine

2024 01 31 AM 9:45
STATE
TALLAHASSEE, FL

TO WHOM IT MAY CONCERN:

Enclosed please find:

Amount to be deducted from our State Account: \$25.00 - FL State Account Number:
I20000000195 Authorization:

Please take the following action:
File in your office on basis
Issue Proof of Filing

A handwritten signature in black ink, appearing to read 'Alexxis Weiland-Sorenson', is written over the text of the action items.

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)