TRANSMITTAL LETTER Department of State **Division of Corporations** P. O. Box 6327 Tallahassee, FL 32314 SUBJECT: (PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX) 100003233671--0 Enclosed is an original and one(1) copy of the articles of incorporation and a check for: \$87.50 \$70.00 \$78.75 **\$78.75** Filing Fee Filing Fee Filing Fee Filing Fee, & Certificate of Status & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED Name (Printed or typed) City, State & Zip

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

Daytime Telephone number

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ARZICEES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	·
ARTICLE I NAME The name of the corporation shall be: OHM Enterprise	TRES TIME S
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:	Mr 33123 E v 148 84/29/2
ARTICLE III PURPOSE The purpose for which the corporation is organized is: BUSINES	\$
ARTICLE IV SHARES The number of shares of stock is: 100 (One How	dæd.)
ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s) and address(es): Norm Sign Sign High Sign Hig	PRS See DIRANG SIPM 8100 CW 175 FM. FM 337
ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is: 8100	
ARTICLE VII INCORPORATOR The name and address of the Incorporator is: ARTICLE VII INCORPORATOR The name and address of the Incorporator is: RIDGE SU VAS VA	
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Having been named as registered agent to accept service of process for the above stated certificate. I am familiar with and accept the appointment as registered agent and agree	
	ouckels
Signature/Registered Agent	Date
ATT.	

Signature/Incorporator