

POC0000063424

TRANSMITTAL LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

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-06/28/00--01007--007
*****78.75 *****78.75

SUBJECT: ORINDA CORPORATE SERVICES, INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ \$70.00
Filing Fee

☒ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: ADRIAN SINCLAIR
Name (Printed or typed)

725 NORTH A1A, SUITE E-202
Address

JUPITER FL 33477
City, State & Zip

561-741-3840
Daytime Telephone number

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

S. Thompson JUN 29 2000

NO COPY

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:

ORINDA CORPORATE SERVICES, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

725 NORTH A1A SUITE E-202
JUPITER FL 33477

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO ENGAGE IN CORPORATE ADMINISTRATION, ACCOUNTING AND TAXATION, SYSTEMS IMPLEMENTATION, MANAGEMENT CONSULTANCY, STAFF TRAINING, CORPORATE REPRESENTATION.

ARTICLE IV SHARES

The number of shares of stock is:

ONE THOUSAND (1000)

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

ADRIAN SINCLAIR 725 NORTH A1A SUITE E-202 JUPITER FL 33477
PATRICIA SINCLAIR 47 CRAY ROAD SIDCUP KENT DA14 5DE ENGLAND.
GERARD SINCLAIR 47 CRAY ROAD SIDCUP KENT DA14 5DE ENGLAND.

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

ADRIAN SINCLAIR
725 NORTH A1A SUITE E-202
JUPITER FL 33477

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

ADRIAN SINCLAIR
725 NORTH A1A SUITE E202
JUPITER FL 33477

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

Signature/Registered Agent

Date

Signature/Incorporator

Date

FILED
00 JUN 27 PM 1:41
SECRETARY OF STATE
TALLAHASSEE FLORIDA