

P01000069478

TRANSMITTAL LETTER

Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

500004471975--0  
-07/13/01--01006--004  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

O & B SERVICES, INC

SUBJECT: \_\_\_\_\_  
(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        X   \$78.75 Filing Fee & Certificate

FROM:

DIAN M EDWARDS

\_\_\_\_\_  
Name (Printed or typed)

1842 40TH TERR SW

\_\_\_\_\_  
Address

NAPLES, FL 34116

\_\_\_\_\_  
City, State & Zip

941-455-3047

\_\_\_\_\_  
Daytime Telephone number

FILED  
101 JUL 12 AM 7:38  
SECRETARY OF STATE  
TALLAHASSEE, FL 32302

7-16-01  
RGC

## ARTICLES OF INCORPORATION

*The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.*

### ARTICLE I NAME

The name of the corporation shall be:

O & B SERVICES, INC

### ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

2346 WINKLER AVENUE, #C102,  
FT MYERS, FL 33901

### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: ONE HUNDRED SHARES (100)

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

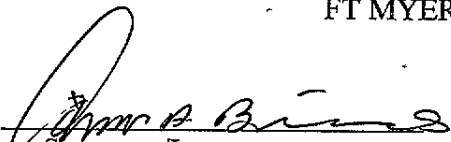
The name and Florida street address of the initial registered agent are:

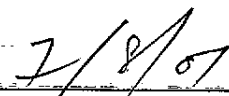
DIAN M EDWARDS  
1842 40TH TERR SW  
NAPLES, FL 34116

### ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

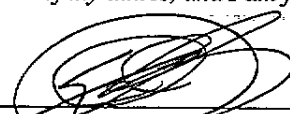
OMAR BRIONES  
2346 WINKLER AVENUE, #C102  
FT MYERS, FL 33901


  
Signature/Incorporator

  
Date

(An additional article must be added if an effective date is requested.)

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

  
Signature/Registered Agent

  
Date

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01 JUL 12 AM 7:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA