

PO3000034411

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

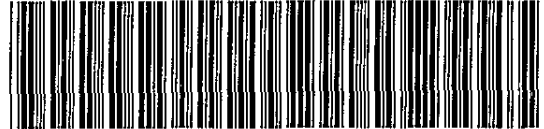
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400014427854

03/21/03--01062--002 \*\*78.50

03 MAR 21 PM 3:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

✓

**TRANSMITTAL LETTER**

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

**SUBJECT: OCSI INC.**  
**( PROPOSED CORPORATE NAME- MUST INCLUDE SUFFIX )**

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

\$70.00

Filling Fee

\$78.75

Filling Fee  
& Certificate of  
Status

\$78.75

Filling fee  
& Certified Copy

\$87.50

Filling Fee  
Certified Copy  
& Certified of  
Status.

**ADDITIONAL COPY REQUIRED**

From: ERIK FERNANDEZ

Name (Printed or Type)

5400 Lamoya Aye Apt 8

Address

Jacksonville, Florida, 32210

City, State & Zip

(904 ) 398-0343

Daytime Telephone Number

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

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S.(Profit)

**ARTICLES I NAME**

The name of the corporation shall be:

“ OCSI INC ”.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/ mailing address is:

P.O.BOX 37309  
JACKSONVILLE , 32236

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Outsourcing consulting sales insurance, and any other transact or lawful activities permitted under laws of the United States and Florida State.

**ARTICLES IV SHARES**

The number of shares of stock is:

Two thousand Shares of common stock at non par value.

**ARTICLES V INITIAL OFFICER/ DIRECTORS ( Optional)**

The name(s) and Address(es):

<b>ERIK FERNANDEZ</b>	<b>President</b>	5400 LAMOYA AVE APT 8 JACKSONVILLE, FL. 32210
-----------------------	------------------	--

<b>ARGENIS D SOTO</b>	<b>Vice- President</b>	13703 RICHMOND PARK DR N APT 1807. JACKSONVILLE, FL. 32224.
-----------------------	------------------------	---

**ARTICLES VI REGISTERED AGENT**

The name and address of the registered Agent is:.

**ARGENIS D SOTO**  
13703 RICHMOND PARK DR N  
APT 1807. JACKSONVILLE, FL. 32224.

FILED  
03 MAR 21 PM 3:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

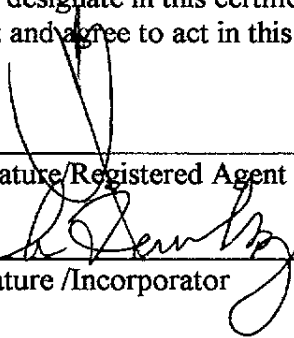
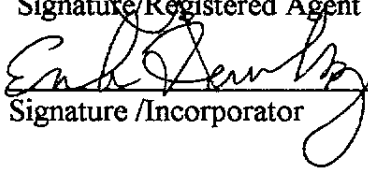
ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

**ERIK FERNANDEZ**  
5400 LAMOYA AVE APT 8  
JACKSONVILLE, FL. 32210

\*\*\*\*\*

Having been named agent to accept services of process for the above stated corpotaion at the place designate in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.

  
\_\_\_\_\_  
Signature/Registered Agent  
  
\_\_\_\_\_  
Signature /Incorporator

3/12/03  
\_\_\_\_\_  
Date  
3/12/03  
\_\_\_\_\_  
Date

FILED  
03 MAR 21 PM 3:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA