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(Requestor's Name)

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(Business Entity Name)

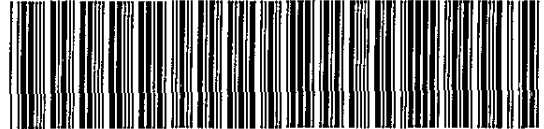
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**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 Ave 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>	<b>5400 LAMOYA AVE APT 8 JACKSONVILLE, FL. 32210</b>
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<b>ARGENIS D SOTO</b>	<b>Vice- President</b>	<b>13703 RICHMOND PARK DR N APT 1807. JACKSONVILLE, FL. 32224.</b>
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### **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.**

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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 corporaion 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

*Erik Fernandez*  
\_\_\_\_\_  
Signature /Incorporator

\_\_\_\_\_  
Date

3/12/03

\_\_\_\_\_  
Date

3/12/03

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