

PO3000034411

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

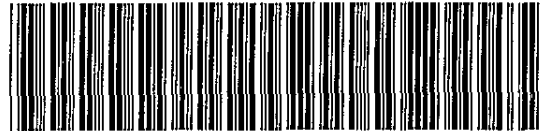
(Business Entity Name)

(Document Number)

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

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03 MAR 21 PM 3:34  
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 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.**



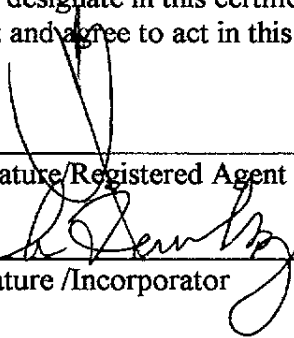
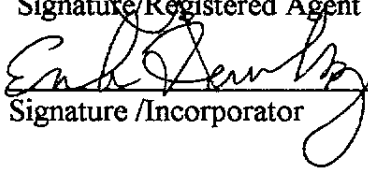
ARTICLE VII INCORPORATOR

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  
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