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TRANSMITTAL LETTER

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

SUBJECT: OD	AFE'S ACCOUNTING SEF		
•	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation an	d a check for:
□ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status		\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
FROM:	Charles O. Inije		
		e (Printed or typed)	
16499 N.E. 19 Avenue #213A Address			
	N. Miami, FL. 33162		
	City	y, State & Zip	
	786-262-4096		
	Daytime	Telephone number	

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

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:

Odafe's Accounting Services Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

16499 N.E. 19 Avenue #213A, N. Miami Bch, FL. 33162

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Provide all accounting services

ARTICLE IV SHARES

The number of shares of stock is:

500 Shares

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

Charles Inije - Director

ARTICLE VI REGISTERED AGENT

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

Charles Inije

16499 N.E. 19 Avenue #213A, N. Miami Bch, FL. 33162

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Charles Inije - 16499 N.E. 19 Avenue #213A, N. Miami Bch, FL. 33162

Signature/Registered Agent

Signature/Incorporator

3/19/03 Date

Date

03 MAR 24 FN