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TRANSMITTAL LETTER

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

Enclosed are an orig	inal and one (1) copy of the arti	cles of incorporation and	a check for:	
□ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status	
		ADDITIONAL COPY REQUIRED		
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·	Name	(Printed or typed)		
3375 SW 127 AVE				
		Address		
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	(305) 223	-5314	· ·	
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)	FILED SECRETARY OF STATE PERSON OF CORPORATIONS		
ARTICLE I NAME The name of the corporation shall be: ODD COMP SELVICE, TNC	03 JUL 14	AM 10: 33	
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 3335 SW 137 AV WAMI PA 33175		.	
ARTICLE III PURPOSE The purpose for which the corporation is organized is: PROFIT CORPORATION.			
ARTICLE IV SHARES /00.00 The number of shares of stock is:			
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): OSCAR JONZANZ (Director) 3335 SW 137 AUE HIAMI F/A 33175.		 	<u>.</u>
The name and Florida street address of the registered agent is: OSCAR GONZARZ 3325 SW 137 AVE MINUTER 33175 ARTICLE VII INCORPORATOR			
The name and address of the Incorporator is: OSCAR GONDARZ 3305 SW, 127 AV KIAMI FIA 33175	*****	****	·- *****
Having been named as registered agent to accept service of process for the above stated certificate, I am familiar with and accept the appointment as registered agent and agree to SCAR JON2A/CZ.	d corporation at t to act in this capac	he place designateity	ed in thi
Signature/Registered Agent	f.	Date / /	