

P03000094516

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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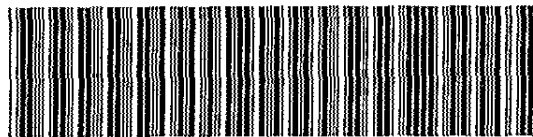
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TS
8/28/03

TRANSMITTAL LETTER

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

SUBJECT: O.S. EATON CORP

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles 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

FROM: RICHARD BAROUH CPA

Name (Printed or typed)

10800 NW 5TH STREET

Address

PLANTATION FL 33324

City, State & Zip

954-424-2154

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:

O.S. EATON CORP

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

5301 N DIXIE HIGHWAY#1
BOCA RATON FL 33487

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

SLAES OF TANGIBLE PERSONAL PROPERTY

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

VICTOR BAROUH

67 KENT AVE
BROOKLYN NY 11211

RICHARD BAROUH
10800 NW 5TH STREET
PLANTATION FL 33324

ARTICLE VI REGISTERED AGENT

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

RICHARD BAROUH CPA
10800 NW 5TH STREET
PLANTATION FL 33324

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

RICHARD BAROUH CPA
10800 NW 5TH STREET
PLANTATION FL 33324

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

Signature/Registered Agent

Date

Signature/Incorporator

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA