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TRANSMITTAL LETTER

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

SUBJECT:	OTTO :	SERELUCA.	INC.
	(PROPOSED CORPORA	TE NAME – MUST INCL	<u>UDE SUFFIX</u>)
Enclosed are an orig	ginal and one (1) copy of the art	icles of incorporation and	a check for:
□ \$70.00	□ \$78.75	□ \$78.75	\$87.50
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
_	& Certificate of Status	& Certified Copy	Certified Copy
			& Certificate of
		A DIDENTAL CO	Status
		ADDITIONAL CO	PY REQUIRED
EDO) (ATTA COL	28/1100	
FROM:	Name	CLUCA (Printed or typed)	
		•	
	469 HEMINGU	JAY TERRACE	,
		Address	
		a a	
	FORT PIERCE City	FL 34982	
	City	, State & Zip	
	1112	2 /2	
	172-429-20 Daytime	relephone 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:

OTTO SCRELLICA, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

469 HEMINGWAY TERRACE FART PIERCE, FL. 34982

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO PROVIDE PARKING LOT MAINTENANCE

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):

OTTO SERELULA, PRESIDENT 469 HEMINGWAY TERRACE FORT PIERCE, FL 34982

ARTICLE VI REGISTERED AGENT

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

OTTO SERELUCA 469 HEMINGWAY TERRACE FORT PIERCE, FL 34982,

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

OTTO SERELULA 469 HEMINGWAY TERRACE FORT PIERCE, FL 34982

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

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SECRETARY OF STATE
SECRETARY OF STATE