

PO4000035304

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

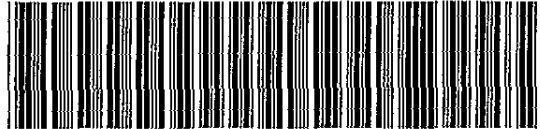
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2004 FEB 23 P 3:25

02/23/04-010580007 **551.25

RECEIVED

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

04 FEB 23 PM 12:35

[Handwritten signature] 2/24/04

EXPRESS CORPORATE FILING SERVICE INC.

Requestor's Name

1000 PONCE DE LEON BLVD. SUITE:101

Address

CORAL GABLES, FL 33134 (305) 444-4994

City/State/Zip

Phone #

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. Oti Trucking Inc
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☐ Walk in ☒ Pick up time _____ ☒ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

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:

OTI TRUCKING INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

12440 SW 185 ST., MIAMI, FL 33177

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

DOING BUSINESS IN FLORIDA.

ARTICLE IV SHARES

The number of shares of stock is:

300

ARTICLE V INITIAL OFFICERS/DIRECTORS

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

SAHILY COSME – 12440 SW 185 ST., MIAMI, FL 33177

ARTICLE VI REGISTERED AGENT

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

SAHILY COSME – 12440 SW 185 ST., MIAMI, FL 33177

ARTICLE VII INCORPORATOR


The name and address of the Incorporator is:

SAHILY COSME – 12440 SW 185 ST., MIAMI, FL 33177

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TALLAHASSEE, FLORIDA

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

①  2-17-04
Signature/Registered Agent Date

①  2-17-04
Signature/Incorporator Date