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Fax Number : (850)205-0381

From:

Account Name : FAS-T CORP. AGENTS, INC.

Account Number : 071801002335 Phone : (305)599-0839 Fax Number : (305)716-0346

## FLORIDA PROFIT CORPORATION OR P.A.

### OPTIMAL BUSINESS SOLUTIONS, INC.

| Certificate of Status | 0       |
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6/24/04 4:06 PM



# ARTICLES OF INCORPORATION

#### OF

OPTIMAL BUSINESS SOLUTIONS, INC.

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt(s) the following Articles of Incorporation.

#### ARTICLE I NAME

The name of the corporation shall be: OPTIMAL BUSINESS SOLUTIONS, INC.

The principal place of business of this corporation shall be:
1918 Harrison St., Suite 114., Hollywood FL 33020

# ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any of all lawful activities of business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

## ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its par value that this corporation is 500 @ \$1.00 authorized to have outstanding at any one time is: FIVE HUNDRED @ \$1.00 per value

# ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

# ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) and directors(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is(are) elected, is(are):

JOHN SARLO, PRESIDENT 1918 Harrison Street., Hollywood FL 33020

## ARTICLE VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to this articles of incorporation is(are):

JOHN SARLO [818 Harrison Street., Hollywood FL 33020

IN WITNESS WHEREOF, the undersigned incorporator(s) has(have) executed these Articles of Incorporation this 23 day of June, 2004

Signature(s) of Incorporator(s)

# <u>CERTIFICATE DESIGNATING</u> REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.325 Florida Statutes, the undersigned corporation, organized under the taws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

| 1. The name of the corporation is: OPTIMAL BUSINESS SOLUTIONS, INC.                                                                                                                                                                                                                                                                                                     | <del></del> - |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|
|                                                                                                                                                                                                                                                                                                                                                                         | _             |
| 2. The name and address of the registered agen; and office is:                                                                                                                                                                                                                                                                                                          | -             |
| JOHN SARLO                                                                                                                                                                                                                                                                                                                                                              |               |
|                                                                                                                                                                                                                                                                                                                                                                         |               |
| 1918 Harrison Street., Suite 114                                                                                                                                                                                                                                                                                                                                        | -             |
| (P.O. BOX NOT ACCEPTABLE)                                                                                                                                                                                                                                                                                                                                               |               |
| Hollywood FL 33020                                                                                                                                                                                                                                                                                                                                                      | _             |
| (CITY/STATE/ZIP)                                                                                                                                                                                                                                                                                                                                                        | •             |
| SIGNATURE John Sarlo (Corporate Officer)                                                                                                                                                                                                                                                                                                                                |               |
| (Corporate Officer)                                                                                                                                                                                                                                                                                                                                                     |               |
| TITLE President '                                                                                                                                                                                                                                                                                                                                                       |               |
| DATE                                                                                                                                                                                                                                                                                                                                                                    |               |
| HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATE CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATE RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT DUTIES AND OBLIGATIONS OF SECTION 607.323 FLORIDA STATUTES. | UTES          |
| SIGNATURE John Sarlo (Registered Agent)                                                                                                                                                                                                                                                                                                                                 | <u> </u>      |
| (Régistered Agent)                                                                                                                                                                                                                                                                                                                                                      |               |
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