

PO4000/34680

(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
DIVISION OF CORPORATIONS
04 SEP 27 PM 3:49

OB 9/27

TRANSMITTAL LETTER

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

SUBJECT: OPC Operations of Procurement and Contracting

(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: Thomas Fortner

Name (Printed or typed)

11548 Lois Cross Dr.

Address

Jacksonville, Florida 32258

City, State & Zip

904-886-4676

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)

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ARTICLE I NAME

The name of the corporation shall be:

OPC Operations of Procurement and Contracting Corp.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

11548 Lois Cross Dr Jacksonville, FI 32258

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Professional Corporation

ARTICLE IV SHARES

The number of shares of stock is:

10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Thomas Fortner 11548 Lois Cross Dr, Jacksonville, FI. 32258

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

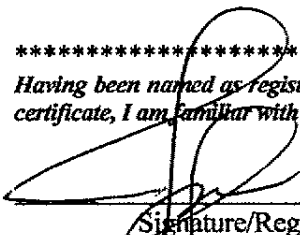
Thomas Fortner 11548 Lois Cross Dr. Jacksonville, FI 32258

ARTICLE VII INCORPORATOR


The name and address of the Incorporator is:

Thomas Fortner 11548 Lois Cross Dr. Jacksonville, FI 32258


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