

P 05000049680

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: OBrien Enterprises Inc
(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: Shaughn OBrien
Name (Printed or typed)
832 Cherry Street
Address
Winter Park FL 32789
City, State & Zip
321-303-1167
Daytime Telephone number

RECEIVED
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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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:

OBrien Enterprises Inc

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

832 Cherry Street
Winter Park FL 32789

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Used car sales

ARTICLE IV SHARES

The number of shares of stock is:

Ten Thousand

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Shaughn OBrien
832 Cherry Street
Winter Park FL 32789
President

ARTICLE VI REGISTERED AGENT

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

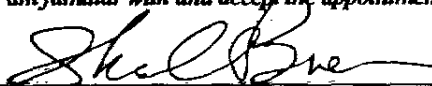
Shaughn OBrien
832 Cherry Street
Winter Park FL 32789

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

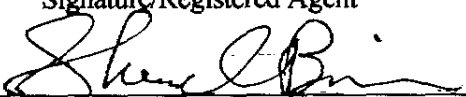
Shaughn OBrien
493 Devon Place
Lake Mary FL 32746

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

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

05 MAR 30 PM 2:39

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