

PD6000011046

(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



500062740835

01/06/06--01023--023 **78.75

FILED

06 JAN 24 AM 9:04

CLERK OF STATE
TALLAHASSEE, FLORIDA

[Handwritten signature]
1/6/06

COVER LETTER

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

SUBJECT: ANGEL SERVICES, 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: Angel O. Cruz on Odelys Guivant
Name (Printed or typed)

16086 E. Dunbar Blvd.
Address

LOXAHATCHEE FL 33470
City, State & Zip

(816) 529 3147
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 10, 2006

ANGEL O. CRUZ OR ODELYS GUINANT
16086 E. DURAN BLVD.
LOXAHATCHEE, FL 33470

SUBJECT: ANGELS SERVICES, INC.
Ref. Number: W06000001173

We have received your document for ANGELS SERVICES, INC.. However, the document has not been filed and is being returned for the following:

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is L04000033915 - ANGEL SERVICES LLC.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6934.

Loria Poole
Document Specialist
New Filing Section

Letter Number: 206A00001804

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:

Otarena Services, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

16086 E DURAN Blvd
Loxahatchee FL 33470

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Hauling SAND/dirt/gravel/rock.

ARTICLE IV SHARES

The number of shares of stock is:

ONE (1)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Angel O Cruz / Owner operator
16086 E Duran Blvd
Loxahatchee FL 33470

ARTICLE VI REGISTERED AGENT

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

Odelys Guinart
16086 E Duran Blvd
Loxahatchee FL 33470

ARTICLE VII INCORPORATOR

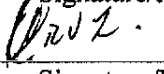
The name and address of the Incorporator is:

Angel O Cruz.
16086 E Duran Blvd
Loxahatchee FL 33470

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

 Odelys Guinart

Signature/Registered Agent

 Angel O Cruz

Signature/Incorporator

1/16/06

Date
1/16/06

Date

FILED
06 JAN 24 AM 9:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA