

PO60000097323

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

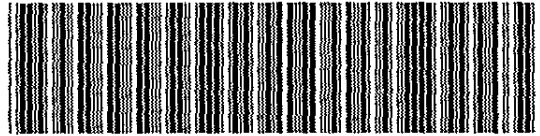
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100077816351

07/24/06--01007--014 \*\*78.75

FILED

06 JUL 24 PM 4:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

7/25/06

**COVER LETTER**

**FILED**

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

06 JUL 24 11 42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**SUBJECT: ODL & TRINITY CORPORATION**

**(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: Olga H. Lopez**

Name (Printed or typed)

**7747 SW 86 Street Apt. D-405**

Address

**Miami, Florida 33143**

City, State & Zip

**305 273-9267**

Daytime Telephone number

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

**ARTICLES OF INCORPORATION**

**OF**

**ODL & TRINITY CORPORATION**

**ARTICLE I**

The name of the corporation shall be:

**ODL & TRINITY CORPORATION**

**ARTICLE II**

The principal place of business/mailing is:

**7747 SW 86 Street Apt.D-405 Miami Florida 33143**

**ARTICLE III**

The corporation will engage in any activity or business permitted under the laws of the State of Florida and the United States of America.

**ARTICLE IV**

The maximum number of shares, which the corporation is authorized to issue and have outstanding at any one time, is 100 shares of common stock, which shares shall be of non par value. All stock is to be issued a fully paid and exempt from assessment.

**ARTICLE V**

The pledge, sale, transfer or other disposition of the capital stock may be governed and restricted by the By-Laws or written agreement among the stockholders, which shall be on file in the office of the corporation.

**ARTICLE VI**

The amount of capital with which its corporation may begin doing business shall be not less than five hundred dollars (\$500.00)

**FILED**  
06 JUL 24 11 4: 22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## ARTICLE VII

The existence of the corporation is perpetual.

## ARTICLE VIII

The initial post office address of the principal office of the corporation in the State of Florida is **7747 SW 86 Street Apt. D-405 Miami Florida 33143**. The board of directors may from time to time move the principal office to any other address in the State of Florida. The registered address of the corporation is: **7747 SW 86 Street Apt. D-405 Miami Florida 33143**. The registered agent at the address is **Olga H. Lopez**

## ARTICLE IX

The name and post office of the initial officers/directors of the corporation are as follows:

<b>DOMINGO LOPEZ</b>	<b>President Treasurer</b>	<b>7747 SW 86 Street Apt. D-405 Miami Florida 33143</b>
<b>OLGA H. LOPEZ</b>	<b>Secretary Vice President</b>	<b>7747 SW 86 Street Apt. D-405 Miami Florida 33143</b>

## ARTICLE X

The name and address of the incorporator is:

**OLGA H. LOPEZ      7747 SW 86 Street Apt. D-405 Miami Florida 33143**

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, accept the appointment as registered agent, and agree to act in this capacity.

  
Registered Agent

July 19, 2006  
Date

  
Incorporator Agent

July 19, 2006  
Date

**CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE  
SERVICE OF PROCESS WITHIN FLORIDA, NAMING AGENT UPON WHO  
PROCESS MAY BE SERVED.**

Pursuant to the provisions of the Section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida. The name of the corporation is **ODL & TRINITY CORPORATION**. Desiring to organize or qualify under the laws of the State of Florida, with its principal place of business at City of Miami, State of Florida has named: **OLGA H. LOPEZ** located at **7747 SW 86 Street Apt. D-405 Miami Florida 33143** agent to accept process in the State of Florida County of Dade.

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

  
\_\_\_\_\_  
**OLGA H. LOPEZ**  
**REGISTERED AGENT**

**FILED**  
**06 JUL 24 PM 4:22**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**