

PD7000048380

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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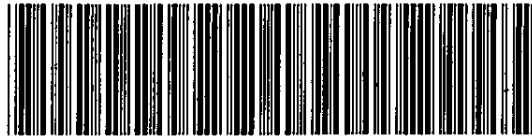
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT: Optimum AV systems 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: Ricardo Polycarpe
Name (Printed or typed)

1835 NE Miami Gardens Drive suite 443
Address

North Miami Beach, Florida 33179
City, State & Zip

305-335-3732
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)

ARTICLE I NAME

The name of the corporation shall be: Optimum AV Systems INC.,

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is: 1835 NE Miami Gardens Drive suite 443
North Miami Beach, FL. 33179

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To servicing existing audio video systems
and new design, installation of AV equipments.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Ricardo Polycarpe President/CEO
Guerline Polycarpe vice President

ARTICLE VI REGISTERED AGENT

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

Ricardo Polycarpe
1835 NE Miami Gardens Drive suite 443
North Miami Beach, FL. 33179

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Ricardo Polycarpe
1835 NE Miami Gardens Drive suite 443
North Miami Beach, FL. 33179

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

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TALLAHASSEE, FLORIDA

4-13-07

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