

P0800009352

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

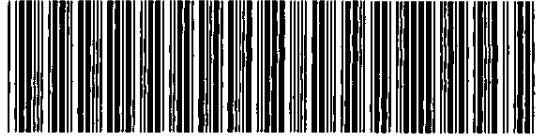
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08 JAN 24 AM 11:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: OZK Solutions, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Kate Ozertsov
Name (Printed or typed)

200 Leslie Drive #325
Address

Hallandale, FL 33009
City, State & Zip

(321) 271-0016
Daytime Telephone number

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

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLES OF INCORPORATION

ARTICLE I NAME

The name of the corporation shall be:

OZK Solutions, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

OZK Solutions, Inc.
200 Leslie Drive #325
Hallandale, FL 33009

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide quick and cost effective business solutions.

ARTICLE IV SHARES

The number of shares of stock is:

The corporation shall have the authority to issue 100 shares of common stock, par value \$1.00 per share.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Kate Ozertsov

The affairs of the Corporation shall be managed by a Board of Directors consisting of no less than one director. The number of directors may be increased or decreased from time to time in accordance with the Bylaws of the Corporation. The election of directors shall be done in accordance with the Bylaws. The directors shall be protected from personal liability to the fullest extend permitted by applicable law.

ARTICLE VI REGISTERED AGENT

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

Kate Ozertsov
200 Leslie Drive #325
Hallandale, FL 33009

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TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Kate Ozertsov
200 Leslie Drive #325
Hallandale, FL 33009

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 JAN 24 AM 11:22

FILED

*ing 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*

Kate Ozertsov
Signature/Registered Agent Date

01/20/2008
Date

Kate Ozertsov
Signature/Incorporator Date

01/20/2008
Date