

P08000094345

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

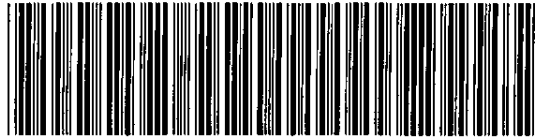
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08 OCT 20 PM 4:20  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

**SUBJECT:** OCMI Employee Leasing Services Company  
(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: Oscar Montenegro  
Name (Printed or typed)

18800 NE 29th Ave #402  
Address

Aventura, Florida 33180  
City, State & Zip

305-224-2185  
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:

OCMI Employee Leasing Services Company

## **ARTICLE II PRINCIPAL OFFICE**

The principal street address and mailing address, if different is:

18800 NE 29th Ave #402  
Aventura, FL 33180

## **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

All and legal business transactions. We will be providing workers compensation and general liability through our payroll and human resources services. We are a PEO (Professional Employer Organization).

## **ARTICLE IV SHARES**

The number of shares of stock is:

1000

## **ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

President	Vice President
Oscar A. Montenegro	Isabel C. Baquero
18800 NE 29th Ave #402	18800 NE 29th Ave #402
Aventura, FL 33180	Aventura, FL 33180

## **ARTICLE VI REGISTERED AGENT**

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

Oscar A. Montenegro  
18800 NE 29th Ave #402  
Aventura, FL 33180

## **ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Oscar A. Montenegro  
18800 NE 29th Ave #402  
Aventura, FL 33180

\*\*\*\*\*

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

Signature/Incorporator

Date

Date

FILED  
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CLERK OF STATE  
TALLAHASSEE, FLORIDA