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COVER LETTER

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

SUBJECT: O	SMIN RIVERA		
Enclosed are an orig	(PROPOSED CORPORA		
\$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
FROM:	OSMIN A Name (Timou or typou)	4
	561-278-	State & Zip CH95 elephone number	33483

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: OSMIN RIVERA REPARS INC. <u>ARTICLE II</u> PRINCIPAL OFFICE The principal street address and mailing address, if different is: 118 CENTRAL AUE, DELRAY BCH, FC 33483 <u>ARTICLE III PURPOSE</u> The purpose for which the corporation is organized is: SMALL HOME REPAIRS, SCREEN REPAIRS. ARTICLE IV SHARES The number of shares of stock is: (00 ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): OSMIN A RIVERA - PRESIDENT 118 CENTRAL AUE, DELRAY BEACH, FL 33483 ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: OSMIN A RIVERA 118 CENTRAL AUE, DEL RAY BEACH, FL 33483 ARTICLE VII INCORPORATOR The <u>name and address</u> of the Incorporator is: OSMIN A RIVERA 118 CENTRAL AUE, DECRAY BCH., FC 33483 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-familtar with and accept the appointment as registered agent and agree to act in this capacity Signature/Registered Agent

Signature/Incorporator