## P09000054680

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

T. Burch JUN 24 2009

## **COVER LETTER**

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

SUBJECT: O	.C. Foreclosure (PROPOSED CORPORA	Scrvices	.co.
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the arti	cles 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 CO	DPY REQUIRED
FROM:	Catherin	e Rol2 (Printed or typed)	
3400 S.W. 25 Street			
	Miami, Fl City,	orida 331 State & Zip	33
	(305) 9 03 Daytime To	3-3958 elephone number	
	F-mail address: (to be used	gmail.com Wor future annual report i	notification)

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)	SECR
ARTICLE I NAME	JUN 2: AHASS
The name of the corporation shall be:	ASSE 23 F
O.C. Foreclosures Services, Co.	PH 4: OF STA E, FLOR
ARTICLE II PRINCIPAL OFFICE	LORIDA
The principal street address and mailing address, if different is:	•
3400 S.W. 25 Street	
Hiami, FL 33133	
ARTICLE III PURPOSE	
The purpose for which the corporation is organized is:	2
The purpose for which the corporation is organized is:  TO Offer property preservation Services lock changes, Board ups, Debris Removal, Eviction lawn maintenance, Intlext cleaning, etc  ARTICLE IV SHARES	ions
lock changes, Board ups, Debris Removalte vicin	0.13)
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):	
Catherine Roiz - President Director	
Oscar Roiz - Vice President   Director	
ARTICLE VI REGISTERED AGENT	
The <u>name and Florida street address</u> (P.O. Box <b>NOT</b> acceptable) of the registered agent is:	
Oscar Roiz	
3400 s.w. 25 street	
Miami, FL 33133	
ARTICLE VII INCORPORATOR The name and address of the Incorporator is:	
Catherine Roiz,	
3400. S.W. 25 street	
Mami FL 33133	
**************************************	******
Having been named as registered agent to accept service of process for the above stated	
place designated in this certificate, I am familiar with and accept the appointment as reagree to act in this capacity	gistered agent and
Signature/Registered Agent Dat	09
Signature/Registered Agent Dat	<u></u>
Catherine & con 06-12	1-09
Signature/Incorporator Date	