P100000575958

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				
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SECRETARY OF STATE
TALLAHASSEF ENGINE

MRD16

COVER LETTER

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

SUBJECT: O & SAV	/I INCORPORATED		
	(PROPOSED CORPOR	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the ar	ticles 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
		ADDITIONAL CO	PY REQUIRED
FROM: MC	PHAMED O. LATIFF Nam	ne (Printed or typed)	
· <u>190</u>	4 S.E. 17th STREET		
		Address	
HO	MESTEAD, FL. 33035	, State & Zip	
	City	, State & Zip	
786	-251-7899		
	Daytime '	Telephone number	
OMA	AR.LATIFF@ATT.NET		

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

E-mail address: (to be used for future annual report notification)



RECEIVED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE Division of Corporations

August 30, 2010

MOHAMED O. LATIFF 1904 S.E. 17TH STREET HOMESTEAD, FL 33035

SUBJECT: O & S INCORPORATED

Ref. Number: W10000040891

We have received your document for O & S INCORPORATED and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6879.

Ruby Dunlap Regulatory Specialist II New Filing Section

Letter Number: 910A00020748

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:

O & SAVI INCORPORATED

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SECRETARY OF STATE
TALLAHASSEF FLORIS

ARTICLE II PRINCIPAL OFFICE

The principal <u>street</u> address and mailing address, if different is: 1904 S.E. 17th STREET
HOME STEAD, FL. 33035

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: REALESTATE AND INVESTMENT.

ARTICLE IV SHARES

The number of shares of stock is: 500 SHARES AT \$1.00 PER SHARE

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Mohamed Latiff 1904 SE 17th St. Homestead, FL 33035 President. Savitri Latiff 1904 SE 17th St. Homestead, FL 33035 V. President

ARTICLE VI REGISTERED AGENT

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

Charles Inije

3600 S. State Rd. 7

Suite #2

Miramar, FL. 33023

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

Mohamed Latiff

1904 SE 17th Street

Homestead, FL. 33035

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 \mathcal{R}

Chin	09/03/2010
Signature/Registered Agent	Date
X Mohansel Com All	09/03/2010
Signature/Incorporator	Date