

P100000885666

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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091-

W10000040140



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08/24/10--01021--014 **78.75.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2010 OCT 26 PM 4:15

11/1/10

COVER LETTER

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

SUBJECT: Olmita F. Lopez, 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
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: Olmita F. Lopez

Name (Printed or typed)

6930 NW 186 Street #506

Address

Hialeah, FL 33015

City, State & Zip

786-298-3911

Daytime Telephone number

olmita_lopez@yahoo.com

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

2010 OCT 26 PM 4:15
RECEIVED
SECRETARY OF STATE
DIVISION OF CORP.

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 25, 2010

OLMITA F. LOPEZ
6930 NW 186 STREET #506
HIALEAH, FL 33015

SUBJECT: OLMITA F. LOPEZ, INC.
Ref. Number: W10000040140

We have received your document for OLMITA F. LOPEZ, INC. 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 document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

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) 245-6973.

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 610A00020421

2010 OCT 26 PM 4:15
SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLES OF INCORPORATION

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLE I NAME

The name of the corporation shall be: Olmita F. Lopez, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
6930 NW 186 Street
506
Hialeah, FL 33015

2010 OCT 26 PM 4:16
Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
To engage in any lawful activity for my clients.

ARTICLE IV SHARES

The number of shares of stock is: 100 shares of stock

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Olmita F. Lopez, President</u>	Name and Title: _____
Address: <u>6930 NW 186 ST</u>	Address: _____
<u># 506</u>	_____
<u>Hialeah, FL 33015</u>	_____
 Name and Title: _____	 Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____
 Name and Title: _____	 Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

ARTICLE VI REGISTERED AGENT

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

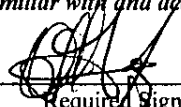
Name: Olmita F Lopez
Address: 6930 NW 186 ST # 506
Hialeah, FL 33015

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Olmita F Lopez, Inc
Address: 6930 NW 186 ST # 506
Hialeah, FL 33015

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

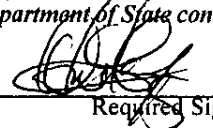


Required Signature/Registered Agent

10-10-2010

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Required Signature/Incorporator

10-10-2010

Date