

P110000004672

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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MAIL

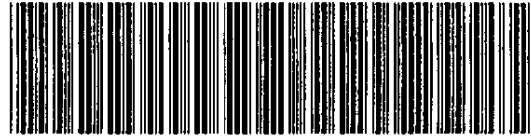
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED

2011 JAN 13 PM 3:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B McKnight JAN 14 2011

## COVER LETTER

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

SUBJECT: OCA CORP.

(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: Salina Jivani

Name (Printed or typed)

675 Harbor Drive

Address

Key Biscayne, FL 33149

City, State & Zip

786-853-7274

Daytime Telephone number

salinajivani@gmail.com

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

## **ARTICLE I NAME** OCA CORP.

The name of the corporation shall be:

## **ARTICLE II PRINCIPAL OFFICE**

Principal street address

675 Harbor Drive  
Key Biscayne, FL 33149

Mailing address, if different is:

## **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To earn profit.

## **ARTICLE IV SHARES**

The number of shares of stock is: 1,000

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

Name and Title: Salina Jivani, President

Address: 675 Harbor Drive  
Key Biscayne, FL 33149

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

## **ARTICLE VI REGISTERED AGENT**

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

Name: Salina Jivani  
Address: 675 Harbor Drive  
Key Biscayne, FL 33149

## **ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Salina Jivani  
Address: 675 Harbor Drive  
Key Biscayne, FL 33149

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

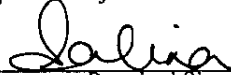


Required Signature/Registered Agent

January 10, 2011

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

January 10, 2011

Date

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