

P11000021924

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

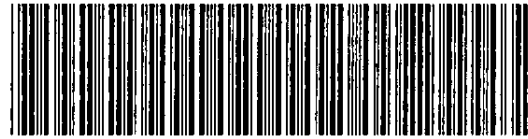
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STATE
TALLAHASSEE, FLORIDA

T. Burch MAR 2 2011

COVER LETTER

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

SUBJECT: O.P.M. Transport, 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: Lisa Shults

Name (Printed or typed)

2248 Meridian Blvd., Ste. H

Address

Minden, NV 89423

City, State & Zip

775-284-7167

Daytime Telephone number

opm2324@yahoo.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

The name of the corporation shall be: O.P.M. Transport, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
4620 Deleon Street, Apt. 102
Fort Myers, FL 33907

Mailing address, if different is:

Same

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Transport clients from one place to the next.

ARTICLE IV SHARES

The number of shares of stock is: 10,000 at \$0.001 par - Common Stock

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Dwayne Louis, President</u>	Name and Title: <u>Dwayne Louis, Direct</u>
Address: <u>4620 Deleon Street, Apt 102</u>	Address: <u>4620 Deleon Street, Apt 102</u>
<u>Fort Myers, FL 33907</u>	<u>Fort Myers, FL 33907</u>

Name and Title: <u>Marie G. Louis, Secretary</u>	Name and Title: _____
Address: <u>4620 Deleon Street, Apt 102</u>	Address: _____
<u>Fort Myers, FL 33907</u>	_____

Name and Title: <u>Adonarchel Peronnell, Treasurer</u>	Name and Title: _____
Address: <u>4620 Deleon Street, Apt 102</u>	Address: _____
<u>Fort Myers, FL 33907</u>	_____

ARTICLE VI REGISTERED AGENT

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

Name: Gerri Detweiler
Address: 1037 Greystone Lane
Sarasota, FL 34232

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Lisa Shults
Address: 2248 Meridian Blvd., Ste. H
Minden, NV 89423

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

Gerri Detweiler Required Signature/Registered Agent

2/28/11 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.

Lisa Shults Required Signature/Incorporator

2/22/2011 Date

Lisa Shults, Incorporator

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CLERK OF STATE
TALLAHASSEE, FLORIDA