

P110000037648

(Requestor's Name)

(Address)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 APR 18 PM 3:22

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COVER LETTER

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

SUBJECT: OREN G 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: OREN GRABER
Name (Printed or typed)
1221 FRANCIS AVE
Address
SARASOTA FL 34232
City, State & Zip
1-941-928-4009
Daytime Telephone number

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: OREN G INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

1221 FRANCIS AVE
SARASOTA FL
34232

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

CONSTRUCTION

ARTICLE IV SHARES

The number of shares of stock is: ONE

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: OREN GRABER - PRESIDENT Name and Title: _____

Address: 1221 FRANCIS AVE Address: _____
SARASOTA FL
34232

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: OREN GRABER
Address: 1221 FRANCIS AVE
SARASOTA FL 34232

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: OREN GRABER
Address: 1221 FRANCIS AVE
SARASOTA FL 34232

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

Oren Graber

Required Signature/Registered Agent

4/13/11
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.

Oren Graber

Required Signature/Incorporator

4/13/11
Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 APR 18 PM 3:22

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AND
RECORDED