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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

366703

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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
OZZIE CONSULTING, INC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

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Corporate Filing Menu

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T. Burch JUL 5 2009

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DIVISION OF CORPORATIONS

H11000172633

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: **OZZIE CONSULTING, INC**

ARTICLE II PRINCIPAL OFFICE
Principal street address
3021 NE 46th Street
Fort Lauderdale, FL 33308

Mailing address, if different is:

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
Consulting

ARTICLE IV SHARES
The number of shares of stock is: **100 (One Hundred)**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **Janice Lembo - Officer**
Address: **3021 NE 46th Street**
Fort Lauderdale, FL 33308

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: **JANIE LEMBO**
Address: **3021 NE 46TH STREET**
FORT LAUDERDALE, FL 33308

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: **JANICE LEMBO**
Address: **3021 NE 46TH STREET**
FORT LAUDERDALE, FL 33308

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

6/30/2011

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

6/30/2011

Date

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