

711000069908

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

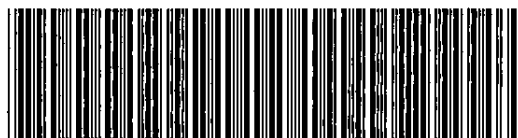
(Business Entity Name)

(Document Number)

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

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2011 AUG -3 AM 9:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

SUBJECT: **OBG 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: **Oscar Barbary**

Name (Printed or typed)

**P O Box 320035**

Address

**Tampa Florida 33679**

City, State & Zip

**813-831-4594**

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.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
2001 AUG -3 AM 9:14  
FILE

ARTICLES OF INCORPORATION

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

**ARTICLE I NAME**

OBG Inc

The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

~~3602 S Hesperides St~~

~~Tampa Florida 33629~~

5000 COLBREATH KEY WAY # 9-116  
TAMPA, FL 33611

Mailing address, if different is:

P O Box 320035

Tampa Florida 33679

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Installation of glass materials on construction sites

**ARTICLE IV SHARES**

The number of shares of stock is: 100 shares

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

Name and Title: Oscar Barbery

Address: P O Box 320035

Tampa Florida 33679

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: Stephanie Pitts

Address: 860 24th Avenue North

St Petersburg Florida 33704

**ARTICLE VII INCORPORATOR**

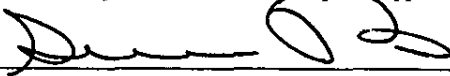
The name and address of the Incorporator is:

Name: Oscar Barbery

Address: P O Box 320035

Tampa Florida 33679

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

7/28/11  
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.



Required Signature/Incorporator

8-1-11  
Date

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DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA