

PH 000102260

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

From: Account Name : BLANCO ACCOUNTING I, INC.
Account Number : I20100000060
Phone : (305) 828-1148
Fax Number : (305) 828-1709

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TALLAHASSEE, FLORIDA

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
CUSTOM CARPENTRY BY OSCAR, INC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

ARTICLE I NAME CUSTOM CARPENTRY BY OSCAR, INC
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE
Principal street address
4281 EAST 8TH COURT
HIALEAH FL 33013

Mailing address, if different is:
4281 EAST 8TH COURT
HIALEAH FL 33013

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES
The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: OSCAR ROSARIO PRESIDENT	Name and Title: _____
Address: 4281 EAST 8TH COURT	Address: _____
HIALEAH FL 33013	_____
_____	_____
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: OSCAR ROSARIO
Address: 4281 EAST 8TH COURT
HIALEAH FL 33013

ARTICLE VII INCORPORATOR
The name and address of the Incorporator is:
Name: OSCAR ROSARIO
Address: 4281 EAST 8TH COURT
HIALEAH FL 33013

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
11/30/2011
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
11/30/2011
Date

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DEPARTMENT OF STATE
TALLAHASSEE FLORIDA