

P120000022007

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



100221687841

02/13/12--01027--007 \*\*70.00

*W12-8818*

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 MAR -5 PM 1:08

*RM 2/1/12*

## COVER LETTER

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

**SUBJECT: OJELACOR, 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: ALEJO GOMEZ

Name (Printed or typed)

5441 SW 6th STREET

Address

CORAL GABLES, FL 33134

City, State & Zip

954-629-8242

Daytime Telephone number

OJELAGO@GMAIL.COM

E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED  
12 MAR -5 PM 12:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

February 14, 2012

ALEJO GOMEZ  
5441 SW 6TH STREET  
CORAL GABLES, FL 33134

SUBJECT: AR, INC.  
Ref. Number: W12000008818

We have received your document for AR, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tim Burch  
Regulatory Specialist II  
New Filing Section

Letter Number: 612A00006819

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:

**OJELACOR, INC.**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

ALEJO GOMEZ  
5441 SW 6th STREET  
CORAL GABLES, FL 33134

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

**THE CORPORATION IS FORMED TO CONDUCT AND  
TRANSACTION ALL LAWFUL BUSINESS ALLOWED  
UNDER THE LAWS OF THE STATE OF FLORIDA.**

**ARTICLE IV SHARES**

The number of shares of stock is:

**20**

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

Name and Title: ALEJO GOMEZ - PRESIDENT  
Address: 5441 SW 6th STREET  
CORAL GABLES, FL 33134

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: ROCIO GOMEZ - VICE - PRESIDENT  
Address: 5441 SW 6th STREET  
CORAL GABLES, FL 33134

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: ALEJO GOMEZ  
Address: 5441 SW 6th STREET  
CORAL GABLES, FL 33134

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: ALEJO GOMEZ  
Address: 5441 SW 6th STREET  
CORAL GABLES, FL 33134

*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*

A. GOMEZ  
Required Signature/Registered Agent

03/02/2012

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.*

A. GOMEZ  
Required Signature/Incorporator

03/02/2012

Date

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 MAR - 5 PM 1:08