

P12000065229

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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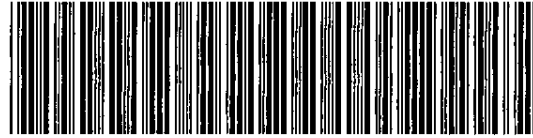
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

L Burch JUL 26 2012

## COVER LETTER

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

SUBJECT: OES REFRIGERATION 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: OSNAT SHATI  
Name (Printed or typed)

2010 NW 65 WAY  
Address

HOLLYWOOD, FL 33024  
City, State & Zip

954-627-4932  
Daytime Telephone number

ossishati@gmail.com  
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

OES REFRIGERATION INC

The name of the corporation shall be:

## ARTICLE II PRINCIPAL OFFICE

Principal street address

2010 NW 65 WAY  
HOLLYWOOD, FL 33024

Mailing address, if different is:

<SAME AS PRINCIPAL>

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO PROVIDE SERVICES, REPAIRS AND INSTALLATION OF REFRIGERATION SYSTEMS TO  
INDIVIDUAL AND COMMERCIAL CLIENTS IN SOUTH FLORIDA.

## ARTICLE IV SHARES

The number of shares of stock is: ONE THOUSAND (1000)

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: OSNAT SHATI

Address: 2010 NW 65 WAY  
HOLLYWOOD, FL 33024  
PRESIDENT

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: JOSE MIRANDA

Address: 6201 SW 37 ST #109  
DAVIE, FL 33314

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: OSNAT SHATI

Address: 2010 NW 65 WAY  
HOLLYWOOD, FL 33024

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

7/20/2012

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.

Required Signature/Incorporator

7/20/2012

Date