

P/2000096377

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

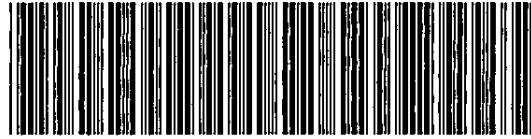
(Business Entity Name)

(Document Number)

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

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12 NOV 20 PM 1:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

144

**COVER LETTER**

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

SUBJECT: ORION SYSTEMS INTEGRATION, 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: FRANKLIN R. OLIVEROS  
Name (Printed or typed)

1601 N. PALM AVENUE - SUITE 206  
Address

PEMBROKE PINES, FL 33026  
City, State & Zip

954-812-9166  
Daytime Telephone number

FRANK@OSI-NETWORKS.COM  
E-mail address: (to be used for future annual report notification)

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

**ORION SYSTEMS INTEGRATION, INC.  
1601 N. PALM AVENUE – SUITE 209A  
PEMBROKE PINES, FL 33026**

**FILED**  
**12 NOV 20 PM 1:57**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

November 7, 2012

Department of State  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

To Whom It May Concern:

I incorporated my business online as a corporation under the name ORION SYSTEMS INTEGRATION, INC.

I did not receive any notifications for the filing of the annual reports.

I have no intention of reinstating the old corporation filed under number P06000016830.

I am attaching the new Articles of Incorporation effectively immediately, along with a check for \$70.00

Should you have any questions, please do not hesitate to contact me.

Sincerely,

Franklin R. Oliveros



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

FILED

**ARTICLE I NAME**

The name of the corporation shall be: ORION SYSTEMS INTEGRATION, INC.

12 NOV 20 PM 1:57

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

11001 N. PALM AVENUE  
SUITE 206  
PEMBROKE PINES, FL 33026

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
Mailing address, if different is:

**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 SHARES

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

Name and Title: FRANKLIN R. OLIVEROS, PRESIDENT Name and Title: \_\_\_\_\_

Address: 11001 N. PALM AVENUE Address: \_\_\_\_\_  
SUITE 206  
PEMBROKE PINES, FL 33026

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: FRANKLIN R. OLIVEROS  
Address: 11001 N. PALM AVENUE - STE 206  
PEMBROKE PINES, FL 33026

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: FRANKLIN R. OLIVEROS  
Address: 11001 N. PALM AVENUE - STE 206  
PEMBROKE PINES, FL 33026

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

X [Signature]  
Required Signature/Registered Agent

11-12-12  
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.

X [Signature]  
Required Signature/Incorporator

11-12-12  
Date