## P1200096693

(Requestor's Name)				
(Address)				
(Address)				
(Ci	ty/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificate	s of Status		
Special Instructions to Filing Officer:				
·				

Office Use Only



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SECRETARY OF STATE OF STATE OF STATE CORPORATIONS DIVISION AF CORPORATIONS

Ps 11/26/12

## **COVER LETTER**

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

SUBJECT: OI	RF UNDERGROUND INC	DRATE NAME – MUST INCL	UDE SUFFIX)		
	(	<u> </u>	<u> </u>		
Enclosed are an	original and one (1) copy of the	articles of incorporation and	d a check for:		
□ \$70.0 Filing F	00 ☐ \$78.75 ee Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status DPY REQUIRED		
FROM	MITCHELL A. ORF (1. 1)	en (hasta) tha ne energ	, वद्भावस्य सुदृष्ट		
	N	ame (Printed or typed)			
	9639 Oregon Rd.				
	Address				
	Boca Raton, Fl. 334	34			
	C	ity, State & Zip			
	(561) 756-4452				
	Daytin	ne Telephone number			
	E-mail address: (to be	used for future annual report	notification)		
	<b>S</b>				

MATTER 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) SECRETARY OF STATE

Date

ARTICLE I			DIVISIAN OF CORPORATIONS
The name of the	corporation shall be: ORF UNDERGROUND	INC.	1/2 NOV 21 AM 9: 44
ARTICLE II	PRINCIPAL OFFICE		
÷	Principal <u>street</u> address		Mailing address, if different is:
	9639 Oregon Rd.	<del>-</del>	
	Boca Raton Fl. 33434		N / A
ARTICLE III	PITEROSE		
	which the corporation is organized is:		
	ontractor.		
cable C	oncraccor.		
ARTICLE IV	SHARES	l oach	
The number of si	hares of stock is: 500 Shares of 1.00	each.	
ARTICLE V	INITIAL OFFICERS AND/OR DIRECTO	ORS	
Name and	Title: Mitchell A. Orf 9639 Oregon Rd.	Name and	Title:
Addiess.	Boca Raton Fl. 33434	Addiess.	N / A
		<del></del>	
Vama and	Title:	Same and	Tule
Address:	N/A	Address:	Title.
		<del></del>	· · · · · · · · · · · · · · · · · · ·
			N / A
Name and	Title:	Name and	Title:
Address:	<del></del>	Address:	
	N / A	_	N / A
		<del></del>	
	REGISTERED AGENT	2.1	
The <u>name and F</u> Name:	Torida street address (P.O. Box NOT acceptable)		ed agent is:
Address:	Mitchell A. Orf 9639 Oregon Rd.	<del></del>	
774414001	Boca Raton Fl. 33434	_	
ARTICLE VII	INCORPORATOR		
	ddress of the Incorporator is:		
Name:	Mitchell A. Orf		
Address:	9639 Oregon Rd.	<u> </u>	
.: :	Boca RatonFl. 33434		
Havina been na	med as registered agent to accept service of proc	ess for the abov	og stated corporation at the place designated in
this certificate, I	am familiar with and accept the appointment as	registered agen	t and agree to act in this capacity
11.//	(11) -) 1		
Mitch	el Cla	<u> </u>	November 14,2012
	Required Signature Registered Agent		Date
l submit this do	cument and affirm that the facts stated herein a	re true. Lam a	ware that the false information submitted in a
	Department of State constitutes a third degree fel		
14/1	111 10 1	•	
11/htel	W (LL		November 14 201:

Required Signature/Incorporator