## 1930000098

(Requestor's Name)	ı
(Address)	
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(City/State/Zip/Phone #)	1
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	ŀ
Certified Copies Certificates of Status	Ì
Special Instructions to Filing Officer:	
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Office Use Only

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## **COVER LETTER**

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

SUBJECT: OGI	- Services, inc.		
<u></u>	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the ar	cicles of incorporation and	d 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 CO	PY REQUIRED
1 KOM	mith Ge-Ffrard Nam 5880 NE 14th Ct	e (Printed or typed)	
		Address	
N	orth Miami Beac	h, FL 33162	
30	05-414-3855	•	
	•	elephone number	_
sg	fservicesinc@ya		notification)
	E-mail address: (to be use	ed for future annual report	nouncation)

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

## ARTICLES OF INC

In compliance with Chapter 607 an

<b>D.</b>	SECRETARY OF STATE DIVISIONS
	13 MAR - 1 AM 9: 23
Mail	ing address, if different is:
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Name and Title: Address:	
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the registered agent is	;
	corporation at the place designated in the end in this capacity
g	
	12/5/2012
	Date

ARTICLE I NAME The name of the corporation shall be: SGF Services, Ir ARTICLE II PRINCIPAL OFFICE Principal street address 15880 NE 14th Ct North Miami Beach, FL 33162 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 DIRECTO Name and Title: Smith Ge-Ffrard (President) 15880 NE 14th Ct Address: North Miami Beach, FL 33162 Name and Title: Address: Name and Title: Address: ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) Smith Ge-Ffrard Name: 15880 NE 14th Ct Address: North Miami Beach, FL 33162 ARTICLE VII **INCORPORATOR** The name and address of the Incorporator is: Smith Ge-Ffrard Name: 15880 NE 14th Ct Address: North Miami Beach, FL 33162

Having been named as registered agent to accept service of process this certificate, I am familiar with and accept the appointment as re

Required Signature/Registered Agent

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 Date