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•				
(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



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SECRETARY OF STATE

N 08/05/13

COVER LETTER

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

SUBJECT: Onc	n Connections i	NC	
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an original	inal and one (1) copy of the ar	ticles of incorporation and	d a check for:
\$70.00 Filing Fee	■ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate o Status PY REQUIRED
	C Sysk Jr Nam 102 Harney Rd	e (Printed or typed)	
Th	nonotosassa Fl		
81	3-324-7148	State & Zip	
tpa	ajas@gmail.com	elephone number	notification)

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

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

	Orion Connections	• • • • • • • • • • • • • • • • • • • •				
ARTICLE II PRI	NCIPAL OFFICE Principal street address	Mailing address, if different is:				
9402 Harney I	₹d	·	_			
-						
Thonotosassa	FI 33592					
ARTICLE III PUR	POSE he corporation is organized is: To trad	e CROF w	reekly stock	ontion	18	
The purpose for which t	e in any legal business the	officers ar	nd directors	see fit		
and to onguge	in any logar business the	Officers at		300 111	••	
						
No. of						
						
		<u></u>		A (c)	픖	ėrt.
				AR	JUL 3	
ARTICLE IV SHA The number of shares of	RES 10,000			ARY SSE	$\frac{\omega}{2}$	
- 110 Hame	SECON III.				PH	Ĩ
	TIAL OFFICERS AND/OR DIRECTOR			10	लु	
Name and Title	J C Sysk Jr Pres,Sec, Trs	Name and Title:	·	3 m	ő.	
Address	9402 Harney Rd	Address:		······································		
		-				
	Thonotosassa Fl 33592					
Name and Title:		Name and Title				
Address			'. <u></u>			
Address		_ Address.				_
		•				
		•				
Name and Title:		Name and Title	· ·			
Name and Title:			·			

Name an	d Title:	Name and Title:	
Address		Address:	
	Control of the Contro	-	
	44.497	-	
		•	
ARTICLE VI The name and F	REGISTERED AGENT lorida street address (P.O. Box NOT acceptable) o	f the registered agent is:	
Name:	J C Sysk Jr	_	
Address:	9402 Harney Rd	_	5 € 5
	Thonotosassa FL 33592		
ARTICLE VII	INCORPORATOR		31 PH
The name and a	ddress of the Incorporator is:		ST CO
Name:	J C Sysk Jr	_	S 8 2
Address:	9402 Harney Rd	_	P
	Thonotosassa FL 33592	_	
	ned as registered agent to accept service of process am familiar with and accept the appointment as reg		
1.0	Luck con	J	uly 25,2013
	Required Signature/Registered Agent		Date
I submit this doc document to the	cument and affirm that the facts stated herein are Department of State constitutes a third degree felon	true. I am aware that the false in y as provided for in s.817.155, F.S	formation submitted in a S.
20	System Signature/Incorporator		July 25,2013
	Required Signature/Incorporator		Date