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COVER LETTER

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

SUBJECT: O'H	ara's Affordable	Dumpster Re	ntal Inc.
Enclosed are an orig	ginal 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 of Status PPY REOUIRED
FROM: N	latthew Shawn C		
46	665 Pond Ridge	Dr.	
R	iverview. FL 335	Address 578	

affordabledumpsterman@gmail.com

E-mail address: (to be used for future annual report notification)

City, State & Zip

Daytime Telephone number

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

MOW WELLEY STOWN O'HATE

(813) 892-3748

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

me of the corpora	THOMAS OFFICE	13 NOV 21 PF	
ICLE II PR	INCIPAL OFFICE Principal street address	Mailing address, if different is:	ī
S5 Pond Ri	dge Dr.	<u>-</u>	
erview; Fì	33578		
ICLE III PUR	<u>vPose</u> O'Hara'	's Affordable Dumpster Rental Ir	ic.
		ding excellent customer service	
	er industry.		
CLE IV SH	1RES 4000		
CLE IV SH	<u>1RES</u> stock is:		
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umber of shares of	TIAL OFFICERS AND/OR DIRECTOR		
umber of shares of	TIAL OFFICERS AND/OR DIRECTOR	- -	
TCLE V INI Name and Title	TIAL OFFICERS AND/OR DIRECTOR	Name and Title:	
TCLE V INI Name and Title	TIAL OFFICERS AND/OR DIRECTOR Matthew S. O'Hara, President 4665 Pond Ridge Dr.	Name and Title:	
TCLE V INI Name and Title	TIAL OFFICERS AND/OR DIRECTOR Matthew S. O'Hara, President 4665 Pond Ridge Dr.	Name and Title:	
CLE V INI Name and Titl Address	TIAL OFFICERS AND/OR DIRECTOR Matthew S. O'Hara, President 4665 Pond Ridge Dr. Riverview, FL 33578	Name and Title:	
CLE V INI Name and Titl Address	TIAL OFFICERS AND/OR DIRECTOR E: Matthew S. O'Hara, President 4665 Pond Ridge Dr. Riverview, FL 33578	Name and Title: Address: Name and Title:	
Name and Title	TIAL OFFICERS AND/OR DIRECTOR E. Matthew S. O'Hara, President 4665 Pond Ridge Dr. Riverview, FL 33578	Name and Title: Address: Name and Title: Address:	
Name and Title	TIAL OFFICERS AND/OR DIRECTOR E: Matthew S. O'Hara, President 4665 Pond Ridge Dr. Riverview, FL 33578	Name and Title: Address: Name and Title: Address:	
Name and Title	TIAL OFFICERS AND/OR DIRECTOR E. Matthew S. O'Hara, President 4665 Pond Ridge Dr. Riverview, FL 33578	Name and Title: Address: Name and Title: Address:	
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CLE V INI Name and Titl Address Name and Title Address	TIAL OFFICERS AND/OR DIRECTOR E. Matthew S. O'Hara, President 4665 Pond Ridge Dr. Riverview, FL 33578	Name and Title: Address: Name and Title: Address:	

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

Address	Address:
ARTICLE VI REGISTERED AGENT	NOT
The <u>name and Florida street address</u> (P.O. Box I	
Name:	
Address: 4665 Pond Ridge	Dr.
Riverview, FL 33	578
ARTICLE VII INCORPORATOR	
The <u>name and address</u> of the Incorporator is:	
Name: Robert R. Cumi	mings, Jr.
Address: 1319 Hardy St.	<u>. </u>
Hattiesburg, M	S 39401
this certificate, I am familiar with and accept the	service of process for the above stated corporation at the place designated in appointment as registered agent and agree to act in this capacity
Max 010	11/14/2013
Required Signature/Reg	gistered Agent Date
I submit this document and affirm that the facts document to the Department of State constitutes a	stated herein are true. I am aware that the false information submitted in a third degree felony as provided for in s.817.155, F.S.
Required Signature/In	ncorparator Date