

P140000505/2

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

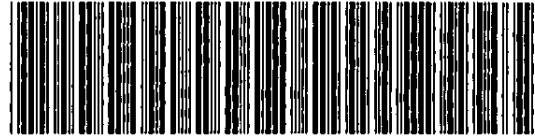
(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only

BW14000031184  
B 6/12/14



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05/12/14--01053--012 \*\*70.00

14 JUN 11 PM 3:32  
DIVISION OF REVENUE  
TREASURY



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 16, 2014

JOSEFINA SANTOS  
7590 NW 186 ST STE 206A  
MIAMI, FL 33015

SUBJECT: OPTICAL BEHRENS GROUP, INC  
Ref. Number: W14000031184

We have received your document for OPTICAL BEHRENS GROUP, INC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information.  
<http://www.sunbiz.org/titledef.html>.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tyrone Scott  
Regulatory Specialist II  
New Filings Section

Letter Number: 114A00010621

## COVER LETTER

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

SUBJECT: **OPTICAL BEHRENS GROUP, 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: **JOSEFINA SANTOS**  
Name (Printed or typed)  
**7590 NW 186 ST STE.206A**  
Address  
**MIAMI FL 33015**  
City, State & Zip  
\_\_\_\_\_  
Daytime Telephone number  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

**NOTE: 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)

**ARTICLE I NAME**

The name of the corporation shall be: OPTICAL BEHRENS GROUP, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

5013 SWEET LESF COURT  
ALTAMONTE SPRINT FL. 32714  
Spring

**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

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BUREAU OF REVENUE  
FLORIDA DEPARTMENT OF REVENUE

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

Name and Title: FEDERICO GALLIPOLI (PRESIDENT)

Name and Title: \_\_\_\_\_

Address: 5013 SWEET LESF COURT  
ALTAMONTE SPRINT FL. 32714  
Spring

Address: \_\_\_\_\_

Name and Title: ILEANA J GONZALEZ (V-P)

Name and Title: \_\_\_\_\_

Address: 5013 SWEET LESF COURT  
ALTAMONTE SPRINT FL. 32714  
Spring fl

Address: \_\_\_\_\_

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: FEDERICO GALLIPPOLI  
Address: 5013 SWEET LESF COURT  
ALTAMONTE SPRINT, FL. 32714

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**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: FEDERICO GALLIPPOLI  
Address: 5013 SWEET LESF COURT  
ALTAMONTE SPRINT, FL. 32714

*Springs*

*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*

*Federico Gallippoli*  
Required Signature/Registered Agent

5/7/14  
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.*

*Federico Gallippoli*  
Required Signature/Incorporator

5/7/14  
Date

AFFIDAVIT

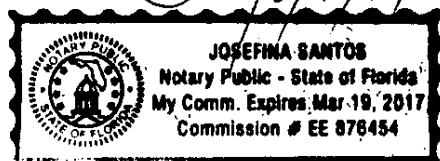
I, FEDERICO GALLIPPOLI FORMER PRESIDENT OF OPTICAL BEHRENS GROUP, INC.,  
DOCUMENT NUM. P12000030862 HEREBY STATE THAT I HAVE NO INTENTIONS  
OF REVOCATING THE DISSOLVED CORPORATION AND THEREFORE RELEASE THE  
NAME TO OPTICAL BEHRENS GROUP, INC.

*Federico Gallipoli*

FEDERICO GALLIPPOLI

STATE OF *Florida*  
COUNTY OF *Miami Dade*

NOTARY PUBLIC



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SECRETARY OF STATE  
DIVISION OF CLERK & RECORDS