

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850) 617-6381

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
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15 MAR 26 AM 7:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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15 MAR 26 AM 11:24
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FLORIDA PROFIT/NON PROFIT CORPORATION
ORLEAN USA, INC.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

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

SUBJECT: ORLEAN USA, 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: PAULO MIRANDA

Name (Printed or typed)

1001 BRICKELL BAY DRIVE, SUITE 2406

Address

MIAMI, FL 33131

City, State & Zip

(305)456-3752

Daytime Telephone number

valeria.espinoza@psmcorporate.com

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

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

FILED

15 MAR 26 AM 7:29

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be: ORLEAN USA, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1001 BRICKELL BAY DRIVE

SUITE 2408

MIAMI, FL 33131

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: INVESTMENT

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JACOB DAVID ORLEAN / DIRECTOR

Name and Title: _____

Address: 1001 BRICKELL BAY DRIVE

Address: _____

SUITE 2408

MIAMI, FL 33131

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

(cont.)

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: NRAI Services, Inc.
Address: 1200 South Pine Island Road
Plantation, FL 33324

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: VALERIA ESPINOZA
Address: 1001 BRICKELL BAY DRIVE, SUITE 2408
MIAMI, FL 33131

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

Michele Holden, Asst. Sec.
Required Signature/Registered Agent

3/26/15
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.

[Signature]
Required Signature/Incorporator

3/25/15
Date