

**A15000068760**

Florida Department of State  
Division of Corporations  
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**FLORIDA PROFIT/NON PROFIT CORPORATION  
ODB CARRIES INC**

Certificate of Status	0
Certified Copy	1
Page Count	04
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August 18, 2015

FLORIDA DEPARTMENT OF STATE

Division of Corporations

LAZARUS CORPORATE FILING SERVICE, INC.

SUBJECT: ODB CARRIES INC  
REF: W15000055206

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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Jessica A Fason  
Regulatory Specialist II

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06/29/2033 05:17

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8/17/15

Florida Department of State

Attention: New Filings Section

To whom it may concern:

This is to advise you that the owners of OOB CARRIES INC of Doc #  
P14000058268 are the same owners of the attached articles of  
incorporation. We have dissolved the company and have no intention of reopening it. Thank  
you for your help in this matter.

Very Sincerely,

A. J. J.

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**ARTICLES OF INCORPORATION**

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

TAX ID: 46-4163873

**ARTICLE I NAME:** The name of the corporation is

ODD CARRIES INC

**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

13801 SW 9 Terr.  
Miami FL 33184**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**RUBEN RODRIGUEZ ALONSO  
(PRESIDENT)**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

The name and Florida street address (PO Box not acceptable) of the registered agent is:

RUBEN RODRIGUEZ ALONSO  
13801 SW 9 TERR  
Miami FL 33184**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Ruben Rodriguez Alonso  
13801 SW 9 Terr  
Miami FL 33184

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05/18/2032 06:34

**Required Signatures:**

***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***

*Adel* 7/3/15  
Registered Agent 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.***

*Adel* 7/3/15  
Incorporator Date

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TALLAHASSEE, FLORIDA

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