

Florida Department of State
Division of Corporations
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Division of Corporations
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From:

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****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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FLORIDA PROFIT/NON PROFIT CORPORATION
CCA CONVENIENCE STORE, INC

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

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COVER LETTER

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

SUBJECT: CCA CONVENIENCE STORE, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: HERON RODRIGUES

Name (Printed or typed)

2301 NE 16TH STREET, #104

Address

POMPANO BEACH, FL 33062

City, State & Zip

954-741-7041

Daytime Telephone number

HERON@XILE.COM.BR

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, P.S. (Profit)

ARTICLE I NAME
The name of the corporation shall be: OCA CONVENIENCE STORE, INC.

ARTICLE II PRINCIPAL OFFICE
Principal street address

Mailing address, if different is:

2301 NE 16 STREET, #104

POMPANO BEACH, FL 33062

ARTICLE III PURPOSE
The purpose for which this corporation is organized is: ANY AND ALL LEGAL MATTERS

ARTICLE IV SHARES
The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: HERON RODRIGUES, PRESIDENT

Name and Title: _____

Address 2301 NE 16 STREET, #104

Address: _____

POMPANO BEACH, FL 33062

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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TALLAHASSEE, FLORIDA

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: HERON RODRIGUES
Address: 2301 NE 16 STREET, # 104
POMPANO BEACH, FL 33062

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: HERON RODRIGUES
Address: 2301 NE 16 STREET, # 104
POMPANO BEACH, FL 33062

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: OCTOBER 1, 2015 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

[Signature] 10/01/15
Required Signature/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.

[Signature] 10/01/15
Required Signature/Incorporator Date

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