

P16000062376

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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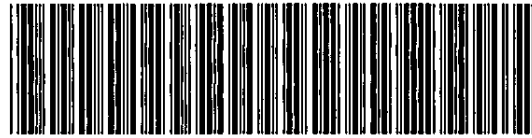
(Business Entity Name)

(Document Number)

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

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16 JUL 15 AM 8:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

7/4  
7/28/16

## COVER LETTER

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

SUBJECT: Otto's Installations  
(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: Alvin Otto  
Name (Printed or typed)

862 SE 2nd place Apt. 2  
Address

Deerfield Beach FL, 33441  
City, State & Zip

954-899-7944  
Daytime Telephone number

nextotto@gmail.com  
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: Otto's Installations Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address: 862 SE 2nd place Apt 2 Mailing address, if different is: 235 NE 6th St, Deerfield Beach FL 33441 Boca Raton FL 33432

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: construction / installs

ARTICLE IV SHARES

The number of shares of stock is: 1500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Alvin Otto President Name and Title: \_\_\_\_\_

Address: 235 NE 6th St Address: \_\_\_\_\_

Boca Raton FL 33432

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: Alvin Otto  
Address: 862 SE 2nd place APT 2  
Deerfield Beach Fl 33441

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Alvin Otto  
Address: 862 SE 2nd place APT 2  
Deerfield Beach Fl 33441

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**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 7/5/16 (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] 7/5/16  
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] 7/5/16  
Required Signature/Incorporator Date