

COVER LETTER

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

SUBJECT: ORELCA SERVICES CO
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

<input type="checkbox"/> \$70.00 Filing Fee	<input checked="" type="checkbox"/> \$78.75 Filing Fee & Certificate of Status	<input checked="" type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED			

FROM: ORELVIS MARTINEZ
Name (Printed or typed)

1207 SW 130 AVE
Address

MIAMI FL 33184
City, State & Zip

786 395-2501
Daytime Telephone number

ORELVISM@YAHOO.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: ORELCA SERVICES CO

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1207 SW 130 AVE
MIAMI FL 33184

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

SERVICES & REPAIRS PLUMBING

FILED
17 JUN 26 AM 11:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 2

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ORELVIS MARTINEZ PRESIDENT Name and Title: CARLOS AGUIRRE VICE-PRESIDENT

Address: 1207 SW 130 AVE Address: 12935 SW 10 ST
MIAMI FL 33184 MIAMI FL 33184

Name and Title: Name and Title:

Address: 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: ORELVIS MARTINEZ
Address: 1207 SW 130 AVE
MIAMI FL 33184

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: CARLOS AGUIRRE
Address: 12735 SW 10 ST
MIAMI FL 33184

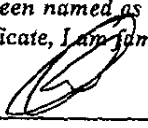
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 07/05/2017 (OPTIONAL)

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

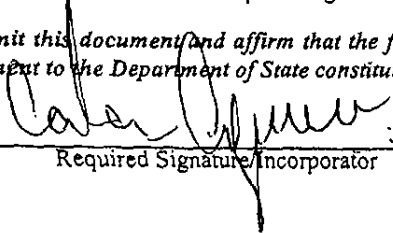
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

06/20/2017
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.



Required Signature/Incorporator

06/20/2017
Date