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(Business Entity Name)

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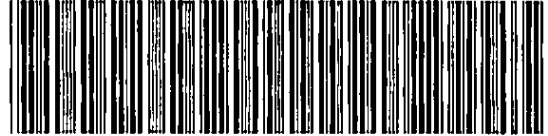
Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: O. D. B. TRANSPORT, CORP
(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: NOEL TAVIO
Name (Printed or typed)

400 PALM AVENUE
Address

HIACLEAH, FL 33010
City, State & Zip

305-904-3043
Daytime Telephone number

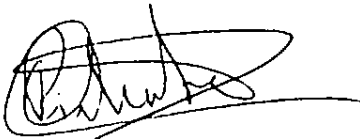
NTAVIO @ YAHOO.COM
E-mail address: (to be used for future annual report notification)

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

CONSENT LETTER

JANUARY 2ND, 2018

I, OSMANY PICHARDO-PEREZ PRESIDENT OF A CORPORATION NAMED O.D.B. TRANSPORT CORP. DOCUMENT # P16000015909 INFORMS THE FOLLOWING: THAT THE ABOVE MENTIONED CORPORATION WAS DISSOLVED ON 09/22/2017 FOR ANNUAL REPORT. I DON'T WANT TO REACTIVE THIS CORPORATION THEREFORE RELEASING THE NAME. AT THE SAME TIME I WANT TO USE SAME NAME FOR A NEW FLORIDA CORPORATION. ENCLOSED PLEASE FIND NEW DOCUMENTS AND CASHIER CHECK TO FILE NEW CORPORATION.



OSMANY PICHARDO-PEREZ

PRESIDENT

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TALLAHASSEE, FLORIDA

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: O.D.B. TRANSPORT, CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1532 SW 137TH CT

MIAMI, FL 33184

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

ANY AND ALL LAWFUL BUSINESS

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CLERK OF DISTRICT COURT
MIAMI, FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: OSMANY PICHARDO-PEREZ P

Name and Title: _____

Address 1532 SW 137TH CT

Address: _____

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: OSMANY PICHARDO-PEREZ
Address: 1532 SW 137TH CT
MIAMI, FL 33184

ARTICLE VII INCORPORATOR

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

Name: OSMANY PICHARDO-PEREZ
Address: 1532 SW 137TH CT
MIAMI, FL 33184

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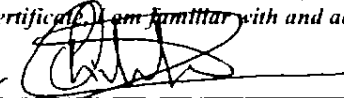
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

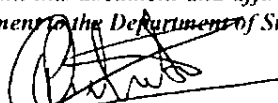
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

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

 1/10/2018
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.

 1/10/2018
Required Signature/Incorporator Date