

P18000017724

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

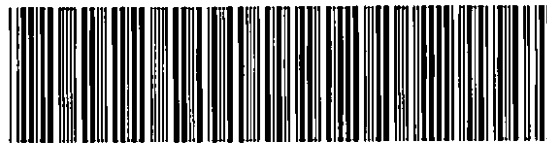
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

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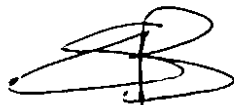
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TALLAHASSEE, FLORIDA

2.23.18

THE NAME "OBC SOLUTIONS" IS  
FREE TO BE USED. WE DO NOT INTEND  
TO REVOKE THE DISSOLUTION FOR  
COMPANY FILED UNDER L18000046414.

Thank You

SABRINA ARIZA



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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



## COVER LETTER

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

SUBJECT: OBC Solutions ~~XXXX~~ 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 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: SABRINA ARIZA  
Name (Printed or typed)

1469 MARKET ST  
Address

TALLAHASSEE FL 32312  
City, State & Zip

954 536 8408  
Daytime Telephone number

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

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

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**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: OBC SOLUTIONS ~~LLC~~ INC

**ARTICLE II PRINCIPAL OFFICE**

Principal ~~street~~ address

6473 SW 8th St  
MIAMI FL 33144

Mailing address, if different is:

SAME

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: ANY & ALL LAWFUL BUSINESS

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: DAVID HARRIS, CEO Name and Title: \_\_\_\_\_

Address: 6473 SW 8th St Address: \_\_\_\_\_  
MIAMI FL 33144

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: Middleton & Middleton, P.A.

Address: 1469 Market st  
Tallahassee FL 32312

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Sabrina Ariza

Address: 1469 Market st  
Tallahassee FL 32312

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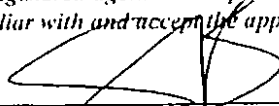
ARTICLE VIII EFFECTIVE DATE:

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.)

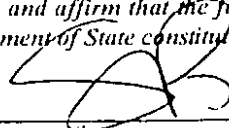
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

  
\_\_\_\_\_  
Required Signature/Registered Agent

2.23.18  
\_\_\_\_\_  
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

2.23.18  
\_\_\_\_\_  
Date