

P180000488604

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

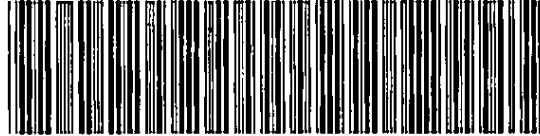
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/24/18--01025--028 **70.00

FILED
18 MAY 30 AM 11:21
CLERK OF SUPERIOR COURT
JANUARY 2018

T COLLINS
MAY 31 2018

COVER LETTER

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

SUBJECT: OJD ACCOUNTANT & TAX CONSULTANT 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: JOHN D ORPHE

Name (Printed or typed)

4952 NW 7th AVE

Address

MIAMI FLORIDA 33127

City, State & Zip

305-467-6555

Daytime Telephone number

ojdinc@gmail.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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18 MAY 30 AM 11:21
TALLAHASSEE, FLORIDA
DIVISION OF CORPORATIONS

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME OJD ACCOUNTANT & TAX CONSULTNT INC
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address

4952 NW 7th AVE

MIAMI

FLORIDA 33127

Mailing address, if different is:

4952 NW 7th AVE

MIAMI

FLORIDA 33127

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ACCOUNTING SERVICE

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JOHN D ORPHE / P

Address 4952 NW 7th AVE

MIAMI

FLORIDA 33127

Name and Title: JOHN D ORPHE / CEO

Address: 4952 NW 7th AVE

MIAMI

FLORIDA 33127

Name and Title: JOHN D ORPHE / T

Address 4952 NW 7th AVE

MIAMI

FLORIDA 33127

Name and Title: JOHN D ORPHE / S

Address: 4952 NW 7th AVE

MIAMI

FLORIDA 33127

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

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18 MAY 30 AM 11:21
CLERK OF STATE
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: JOHN D ORPHE
Address: 4952 NW 7th AVE
MIAMI FL 33127

ARTICLE VII INCORPORATOR

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

Name: JOHN D ORPHE
Address: 4952 NW 7th AVE
MIAMI FL 33127

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18 MAY 30 AM 11:21
RECEIVED
ALL AMERICAN FLORIDA

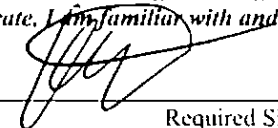
ARTICLE VIII EFFECTIVE DATE: 05/17/2018

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

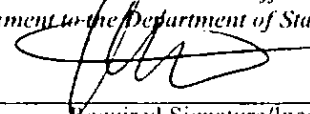


Required Signature/Registered Agent

05/17/2018

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

05/17/2018

Date

MAY 17, 2018

FROM: JOHN D ORPHE

TO: FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATION

RE: REINSTATEMENT OF " OJD ACCOUNTANT & TAX CONSULTANT, INC"

To Whom It May Concern:

I JOHN D ORPHE WRITING THIS LETTER PRETAINING TO BUSINESS RENEW FEE" OJD ACCOUNTANT & TAX CONSULTANT, INC. I CAN NOT EFFORT THE CURRENT RENEWAL FEE ISSUED TO PAY FOR THE REINSTATEMENT OF " OJD ACCOUNTANT & CONSULTANT, INC. I WOULD LIKE TO KEEP THE NAME & CONTINUE DOING BUSINESS AS " OJD ACCOUNTANT & TAX CONSULTANT, INC. I CAN ONLY EFFORT TO PAY THE 70.00 FILLING FEE AT THIS MOMENT. PLEASE CONTACT ME IF HAVE ANY QUESTION PERTENING THIS MATTER.

SINCERELY,



JOHN D ORPHE

305-467-6555

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18 MAY 30 AM 11:21
STATE OF FLORIDA
ALBANY COUNTY

MAY 17, 2018

FROM: JOHN D ORPHE

TO: FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATION

RE: REINSTATEMENT OF " OJD ACCOUNTANT & TAX CONSULTANT, INC"

To Whom It May Concern:

I JOHN D ORPHE WRITING THIS LETTER PERTAINING TO BUSINESS RENEW FEE" OJD ACCOUNTANT & TAX CONSULTANT, INC. I CAN NOT EFFORT THE CURRENT RENEWAL FEE ISSUED TO PAY FOR THE REINSTATEMENT OF "OJD ACCOUNTANT & CONSULTANT, INC. I WOULD LIKE TO KEEP THE NAME & CONTINUE DOING BUSINESS AS "OJD ACCOUNTANT & TAX CONSULTANT, INC. I CAN ONLY EFFORT TO PAY THE 70.00 FILLING FEE AT THIS MOMENT. PLEASE CONTACT ME IF HAVE ANY QUESTION PERTENING THIS MATTER.

*P.S. I have no intentions to Reinstate
the old Company OJD Accountant &
SINCERELY, Tax consultant The*


JOHN D ORPHE

305-467-6555

FILED
ALLA HANSEN, CLERK
DIVISION OF STATE
CORPORATION

18 MAY 30 AM 11:21