Note: Please print this page and use it as a cover sheet. Type the fax !udit number (shown below) on the top and bottom of all pages of the document.

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	Doing so will generate another cover sheet.	23
		9 SEP
To:	Division of Corporations	
	Fax Number : (850)617-6381	24
	. av	
From:		PH 12: 23
	Account Name : LAZARUS CORPORATE FILING SERVICE, INC.	
	Account Number : I200000000019 Phone : (305)552-5973	
	Phone : (305)552-5973 Fax Number : (305)675-5944	
Enter ar	the email address for this business entity to be used for functional report mailings. Enter only one email address please.	uture
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ar En	nual report mailings. Enter only one email address please.**	S TALL
ar	FLORIDA PROFIT/NON PROFIT CORPORATION OBC SERVICES INC.	
En	FLORIDA PROFIT/NON PROFIT CORPORATION OBC SERVICES INC. Certificate of Status 0	S TALL
En	FLORIDA PROFIT/NON PROFIT CORPORATION OBC SERVICES INC. Certificate of Status Certified Copy 1	S TALL
En	FLORIDA PROFIT/NON PROFIT CORPORATION OBC SERVICES INC. Certificate of Status 0	S TALL

ARTICLES OF INCORPORATION In compliance with Chapter 607 (Profit)

ARTICLE 1 NAME: The name of the corporation is:

	OBC SERVICES INC.		
	ARTICLE II PRINCIPAL OFFICE:		
	The principal street address and mailing address is:		
	2684 W 72 ST, HIALEAH FL 33016		
•			
RTI	CLE III SHARES: The number of shares of stock is: 100		
	ARTICLE IV INITIAL DIRECTORS AND/OR OFFICE R	<u>u</u> S:	2
		/	- 1
	ROBERTO MOLINET (PD)		_
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	TO TO THE PART AND STREET AL	DDRESS	_
	TICLE V INITIAL REGISTERED AGENT AND STREET A		
	name and Florida street address (PO Box not acceptable) of the registe		
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The r	name and Florida street address (PO Box not acceptable) of the regists	ered agen	t i - -
The r	name and Florida street address (PO Box not acceptable) of the regists ROBERTO MOLINET 2684 W 72 ST, HIALEAH FL 33016	ered agen	t i - -

R

Required Signatures:	
Having been named as registered agent to accept se corporation at the place designated in this certifica appointment as registered agent and agr	te, I am familiar with and accept the
Relate	09-24-2019
Registered Agent	Date
I submit this document and affirm that the facts state the false information submitted in a document to the third degree felony as provided for in s.817.155, F.S.	ed herein are true. I am aware that e Department of State constitutes a
Relat	09-24-2018
Incorporator	Date