

PI9000074157

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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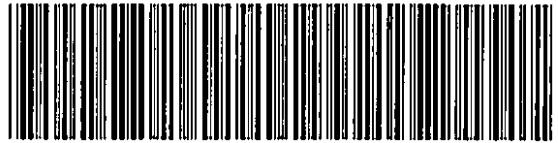
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

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

SUBJECT: ON CALL COMPUTING, 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: ARTHUR J. MCCAFFREY

Name (Printed or typed)

625 21st ST N

Address

SAINT PETERSBURG, FL 33713

City, State & Zip

(727) 482-5011

Daytime Telephone number

occinc@hotmail.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: On Call Computing, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

625 21st ST N

Saint Petersburg, FL 33713

Mailing address, if different is:

ARTICLE III PURPOSE

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

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Arthur J. McCaffrey, President

Address: 625 21st ST N

Saint Petersburg, FL 33713

Name and Title: Arthur J. McCaffrey, Treasurer

Address: 625 21st ST N

Saint Petersburg, FL 33713

Name and Title: Arthur J. McCaffrey, Vice President

Address: 625 21st ST N

Saint Petersburg, FL 33713

Name and Title: Arthur J. McCaffrey, Secretary

Address: 625 21st ST N

Saint Petersburg, FL 33713

Name and Title:

Address:

Name and Title:

Address:

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SECRETARY OF STATE
TALLAHASSEE, FL

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: Arthur J. McCaffrey
Address: 713 Groveland Ave.
Venice, FL 34285

ARTICLE VII INCORPORATOR

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

Name: Arthur J. McCaffrey
Address: 713 Groveland Ave.
Venice, FL 34285

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

Arthur J. McCaffrey
Required Signature/Registered Agent

September 2, 2019

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.

Arthur J. McCaffrey
Required Signature/Incorporator

September 2, 2019

Date

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