

P20000001914  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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Division of Corporations  
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**FLORIDA PROFIT/NON PROFIT CORPORATION  
OLIVER COMPLETE SERVICE, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

RECEIVED

2020 JAN -9 PM 3:59

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
COMMERCIAL SERVICES

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SECRETARY OF STATE  
TALLAHASSEE, FL

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11/10/20

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 (Profit)

**ARTICLE I NAME:** The name of the corporation is:Oliver Complete Service, Inc.**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

10209 SW 1st Miami FL 33174**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Nelson Luis Oliver Torres. (P)**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

The name and Florida street address (PO Box not acceptable) of the registered agent is:


NELSON LUIS OLIVER TORRES10209 SW 1STMIAMI FL 33174**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:NELSON LUIS OLIVER TORRES10209 SW 1STMIAMI FL 33174SECRETARY OF STATE  
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**Required Signatures:**

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

X  \_\_\_\_\_ 1/9/2020  
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.

X  \_\_\_\_\_ 1/9/2020  
Incorporator Date

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SECRETARY OF STATE  
TALLAHASSEE, FL