

P200000 20328

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

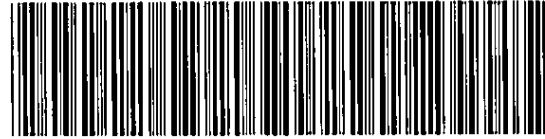
(Document Number)

Certified Copies _____ Certificates of Status _____

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03/03/20--01019--010 **78.75

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2020 MAR - 5 PM 12: 25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

20 MAR - 3 PM 12: 12

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

O.K.C. PROPERTY RESTORATIONS INC.

Signature _____

Requested by: Seth

03/05/20

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

____ Art of Inc. File _____

____ LTD Partnership File _____

____ Foreign Corp. File _____

____ L.C. File _____

____ Fictitious Name File _____

____ Trade/Service Mark _____

____ Merger File _____

____ Art. of Amend. File _____

____ RA Resignation _____

____ Dissolution / Withdrawal _____

____ Annual Report / Reinstatement _____

____ Cert. Copy _____

____ Photo Copy _____

____ Certificate of Good Standing _____

____ Certificate of Status _____

____ Certificate of Fictitious Name _____

____ Corp Record Search _____

____ Officer Search _____

____ Fictitious Search _____

____ Fictitious Owner Search _____

____ Vehicle Search _____

____ Driving Record _____

____ UCC 1 or 3 File _____

____ UCC 11 Search _____

____ UCC 11 Retrieval _____

____ Courier _____

COVER LETTER

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

SUBJECT: O.K.C. PROPERTY RESTORATIONS 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: NAHIROBY LOZANO
Name (Printed or typed)

1436 W 49TH STREET
Address

HALEAH, FL 33012
City, State & Zip

305-982-8281
Daytime Telephone number

NAHIROBY@NL.TAXCONSULTANT.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: O.K.C. PROPERTY RESTORATIONS INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

3025 NW 11TH TERR
MIAMI, FL 33125

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:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: OLIMPIA A FALERO - PRESIDENT

Address: 3025 NW 11TH TERR.
MIAMI, FL 33125

Name and Title: CATHERINE M MONDEJAR - VICE PRESIDENT

Address: 3025 NW 11TH TERR.
MIAMI, FL 33125

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: NL TAX CONSULTANT INC

Address: 1436 W 49TH STREET
HIALEAH, FL 33012

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: OLIMPIA A FALERO

Address: 3025 NW 11TH TERR.
MIAMI, FL 33012

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

03/02/2020
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

03/02/2020
Date

FILED
2020 MAR -5 PM 12:25
DEPT. OF STATE
TALLAHASSEE, FLORIDA