

P20000022941

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

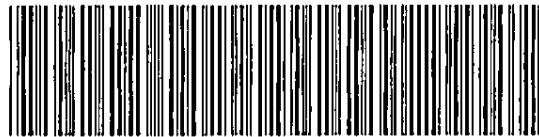
(Business Entity Name)

(Document Number)

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SEC. OF STATE  
TALLAHASSEE, FLORIDA

FILED

MAR 18 2020  
Brumbley

**Incorporating Services, Ltd.**

1540 Glenway Drive  
Tallahassee, FL 32301  
850.656.7956  
Fax: 850.656.7953  
www.incserv.com  
e-mail: accounting@incserv.com

**ORDER FORM**

**TO** Florida Department of State  
The Centre of Tallahassee  
2415 North Monroe Street, Suite 810  
Tallahassee, FL 32303  
corphelp@dos.myflorida.com  
850-245-6051

**FROM** Melissa Stops  
mstops@incserv.com  
850.656.7953

**REQUEST DATE** 3/17/2020

**PRIORITY** Routine

**OUR REF.# (Order ID#)** 813917

**ORDER ENTITY**

OCCUPATIONAL ASSESSMENT SERVICES FLORIDA CORP.

**PLEASE PERFORM THE FOLLOWING SERVICES:**

**OCCUPATIONAL ASSESSMENT SERVICES FLORIDA CORP. ( FL )**

New corp filing

**NOTES:**

\$70.00 Authorized

Email address for annual report reminders: jlm@weinbergpc.com

**RETURN/FORWARDING INSTRUCTIONS:**

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely



Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

**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: Occupational Assessment Services Florida Corp.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

232 Madison Avenue

Suite 902

New York, New York 10016

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: 200

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Edmond Provder, Dir. Name and Title: \_\_\_\_\_

Address 232 Madison Ave. Ste 902 Address: \_\_\_\_\_

New York, New York 10016

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

FILED  
2020 MAR 17 AM 10:47  
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: Edmond Provder

Address: 17555 Collins Avenue, #2402

Sunny Isles Beach, FL 33160

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Lawrence A. Kirsch

Address: 90 State Street, Suite 815

Albany, New York 12207

**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*

Edmond Provder  
Required Signature/Registered Agent

03/17/2020

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.*

Lawrence A. Kirsch  
Required Signature/Incorporator

03/17/2020  
Date