

P200 00049006

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

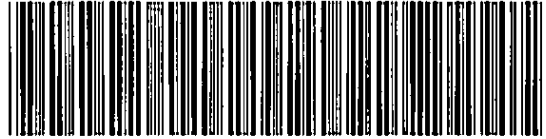
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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06/23/20--01018--026 **70.00

FILED
20 JUN 23 PM 7:05
TALLAHASSEE, FLORIDA

2025
JUL 07 2025

• • •

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

SUBJECT: opiv investments & management corp
(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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

| | |
|----------------------------------|----------------------------------|
| <input type="checkbox"/> \$78.75 | <input type="checkbox"/> \$87.50 |
| Filing Fee | Filing Fee, |
| & Certified Copy | Certified Copy |
| | & Certificate of |
| | Status |
| ADDITIONAL COPY REQUIRED | |

FROM: A+plus Corp
Name (Printed or typed)

8180 NW 36th St. # 406
Address

DORAL, FL 33166
City, State & Zip

(305) 406 - 3800
Daytime Telephone number

A+plus@Live.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

AFFIDAVIT

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20 JUN 23 PM 7:05
CLERK OF DISTRICT COURT
JULIA E. L. LORRA

BEFORE ME, the undersigned authority, on this day personally appeared **OPIV INVESTMENTS & MANAGEMENT, CORP.** who after being firstly duly sworn, under oath, deposes and says:

1. The undersigned is also the sole Director and the President of **OPIV INVESTMENTS & MANAGEMENT, CORP.** a Florida corporation to be filed with the Florida Department of State on or about **June 16, 2020**.
2. The undersigned hereby consents to and authorizes the use by **OPIV INVESTMENTS & MANAGEMENT, CORP.** of the name **OPIV INVESTMENTS & MANAGEMENT, CORP.**
3. The undersigned has personal knowledge of the fact and matter set forth herein and therefore has no intentions of reinstating the dissolved entity.

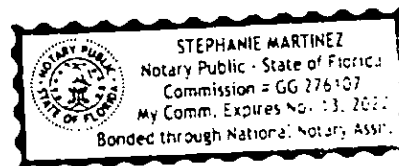
FURTHER AFFIANT SAYETH NAUGHT.


OSCAR P. INFANTAS

STATE OF FLORIDA)
) SS:
COUNTY OF MIAMI-DADE)

PERSONALLY appeared before me, OSCAR P. INFANTAS, who is personally known to me, who being by my first duly sworn, acknowledges that he signed the foregoing for the purposes therein expressed.

Witness my hand and official seal this 16th day of June, 2020.




Notary Public Signature

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: Opiv Investments + Management. CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address

1945 S. Ocean DR.
Apt 1205
Hallandale Beach, FL 33009

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: Oscar P. Infantas / Pres Name and Title: _____

Address: 1945 S. Ocean DR. Address: _____
Apt 1205
Hallandale Beach, FL 33009

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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CLERK OF DISTRICT COURT
JULIA

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: Oscar P. Infantas
Address: 1945 S Ocean DR. #1205
Hallandale Beach, FL 33009

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HALLANDALE BEACH, FL

ARTICLE VII INCORPORATOR

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

Name: Oscar P. Infantas
Address: 1945 S. Ocean DR. #1205
Hallandale Beach, FL 33009

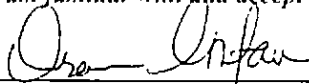
ARTICLE VIII EFFECTIVE DATE:

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



Required Signature/Registered Agent

06/16/2020

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

06/16/2020

Date