

**PZ10000001044**

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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Division of Corporations

Fax Number : (850)617-6381

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

**FLORIDA PROFIT/NON PROFIT CORPORATION  
OSHA IRE CORP**

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

J. FASON

JAN 08 2021

2021 JAN -7 AM 8:28

2021 JAN -7 PM 4:00

# ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

**ARTICLE I NAME:** The name of the corporation is:

Osha Ire Corp

**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

3435 east 4 AVENUE

Hialeah FL 33013

**ARTICLE III SHARES:** The number of shares of stock is: 100

**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**

Misael Herrera Oropesa - (President)

14221 SW 88 ST Miami FL 33186 APT C103

Moraima Pileta Lorie - (Vice President)

3391 NW 176 ST Miami gardens 33056

**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

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

Lirka Elizabeth labrada

421 NW 136 AVE miami FL 33182

**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:

Lirka Elizabeth labrada

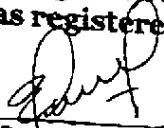
421 NW 136 AVE miami FL 33182

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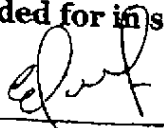
RECEIVED

**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

  
\_\_\_\_\_  
Registered Agent01/07/2021  
\_\_\_\_\_  
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.

  
\_\_\_\_\_  
Incorporator01/07/2021  
\_\_\_\_\_  
Date

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STATE  
CL