1/19/2021

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : VCORP SERVICES, LLC

Account Number : 120080000067 : (845)425-0077 Phone

: (845)818-3588 Fax Number

••Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Email Address:\_\_\_

## FLORIDA PROFIT/NON PROFIT CORPORATION

Orlando Construction Holdings, Inc.

Certificate of Status	0
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J. FASON

JAN : 0 2021

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Corporate Filing Menu

Help

## ARTICLES OF INCORPORATION

From: Vcorp Services, LLC

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME The name of the corporate	ion shall be: Orlando Construction Holdin	gs, Inc		
ARTICLE II PRINCIPAL OFFICE Principal street address 5004 Patch Rd Orlando FL 32822		Mailingade 5004 Pach Rd	Mailing address, if different is: 5004 Patch Rd Orlando FL 32822	
ARTICLE III PURPO The purpose for which t	OSE he corporation is organized is: Holding C			
ARTICLE IV SHAR The number of shares of	stock is: 1,000  AL OFFICERS AND/OR DIRECTORS		; F) AH 7.	
Name and Titl	e: Avrohom Waxman, President	Name and Title:		
Address	S004 Patch Rd Orlando FL 32822			
Name and Title	:	Name and Title:		
Address		Address:		
Name and Title	:: <u> </u>	Name and Title:		
Address		Address:		

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Name and	d Title:	Name and Title:
Address		
ARTICLE FI The name and Fi	REGISTERED AGENT lorida street address (P.O. Box NOT accept	able) of the registered agent is:
Name:	Avrohom Waxman	
Address:	5004 Patch Rd	
	Orlando FL 32822	2021 J
<u>ARTICLE VII</u>	INCORPORATOR	2021 JAH 19
The name and ac	Idress of the Incorporator is:	
Name:	Avrohom Waxman	MH 7: 42
Address:	5004 Patch Rd	<del></del>
	Orlando FL 32822	<del></del>
Effective date, if	EFFECTIVE DATE: Other than the date of filing: date is listed, the date must be specific and	. (OPTIONAL) I cannot be more than five days prior or 90 days after the
Note: If the date the document's t	e inserted in this block does not meet the appet effective date on the Department of State's r	plicable statutory filing requirements, this date will not be listed as ecords.
certificate. Lum	familiar with and accept the appointment as	rocess for the above stated corporation at the place designated in thi registered agent and agree to act in this capacity
	whom hopm	01/19/2021
<u></u>	Required Signature/Registered Age	Date Date
I submit this do document to the	cument and affirm that the facts stated her Department of State constitutes a third degre	ein are true. I am aware that the false information submitted in re felony as provided for in s.817.155, F.S.
	Whom hopm	01/19/2021
Required Signat	ure/Incorporator	Date