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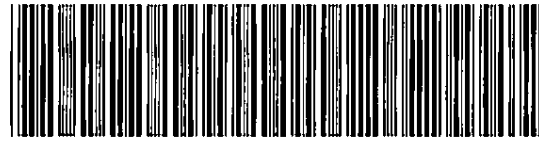
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

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PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 7/2/2021

NAME: OIKEA SECURITY CONSULTANTS CORP

TYPE OF FILING: ARTICLES

COST: 70.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE



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: OIKEA SECURITY CONSULTANTS CORP.

ARTICLE II PRINCIPAL OFFICE

Principal street address

805 N OLIVE AVENUE SUITE 633

WEST PALM BEACH, FL 33401

Mailing address, if different is:

805 N OLIVE AVENUE SUITE 633

WEST PALM BEACH, FL 33401

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to engage in any lawful act or activity for which corporations may be organized.

ARTICLE IV SHARES

The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MICHAEL ABBRUZZESE-PRES

Address: 805 N OLIVE AVENUE SUITE 633

WEST PALM BEACH, FL 33401

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

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PALM BEACH, FL

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: MICHAEL ABBRUZZESE
Address: 805 N OLIVE AVENUE SUITE 633
WEST PALM BEACH, FL 33401

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MICHAEL ABBRUZZESE
Address: 805 N OLIVE AVENUE SUITE 633
WEST PALM BEACH, FL 33401

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 business days prior or 90 business 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

06/30/2021
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.

Required Signature/Incorporator

06/30/2021
Date