

P21000099367

Florida Department of State
Division of Corporations
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**FLORIDA PROFIT/NON PROFIT CORPORATION
OKEELANTA INVESTMENTS INC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

T. SCOTT

NOV 24 2021

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Help

AFFIDAVIT

BEFORE ME, the undersigned authority, on this day personally appeared **ANAGRACIA CASTELLANOS DE REYES**, who after being firstly duly sworn, under oath, deposes and says:

1. The undersigned is also the sole Director and the President of **OKEELANTA INVESTMENTS INC**, a Florida corporation to be filed with the Florida Department of State on or about November 22, **2021**.
2. The undersigned hereby consents to and authorizes the use by **OKEELANTA INVESTMENTS INC**, of the name **OKEELANTA INVESTMENTS INC**
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.

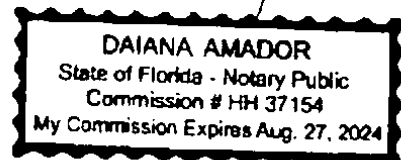

 ANAGRACIA CASTELLANOS DE REYES

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

PERSONALLY appeared before me, **Anagracia Castellanos de Reyes**, 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 **22** day of November **2021**.


 Notary Public Signature



ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: OKEEVANTA INVESTMENTS INC**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

5243 SW 77TH WAYDAVIE, FL 33328**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: Anagracia Castellanos de Reyes (P) Name and Title: _____Address 5243 SW 77TH WAY Address: _____
DAVIE, FL 33328Name and Title: CARMEN L REYES (VP) Name and Title: _____Address 5243 SW 77TH WAY Address: _____
DAVIE, FL 33328

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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: Anagracia Castellanos de Reyes
Address: 5243 SW 77 Th Way
DAVE, FL 33328

ARTICLE VII INCORPORATOR

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

Name: Anagracia Castellanos de Reyes
Address: 5243 SW 77 Th Way
DAVE, FL 33328

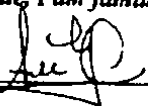
ARTICLE VIII EFFECTIVE DATE:

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

11/22/2021
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

11/22/2021
Date