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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : EXPRESS BUSINESS & TAX SERVICES INC
Account Number : 120220000138
Phone : (786)239-9353
Fax Number : (305)675-8465

****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
OCEAN DRIVE STORE INC.**

Certificate of Status	1
Certified Copy	1
Page Count	04
Estimated Charge	\$87.50

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

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

SUBJECT: OCEAN DRIVE STORE INC.
(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 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: OCEAN DRIVE STORE INC.
Name (Printed or typed)

4635 N OCEAN BLVD
Address

BOYNTON BEACH, FL 33435
City, State & Zip

786-239-9353
Daytime Telephone number

AIMET@EXPRESSTAXSVCS.COM
E-mail address: (to be used for future annual report notification)

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

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: OCEAN DRIVE STORE INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

4635 N OCEAN BLVD

4635 N OCEAN BLVD

BOYNTON BEACH, FL 33435

BOYNTON BEACH, FL 33435

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ALL LAWFUL PURPOSES

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MD HASAN AHMMED, PRESIDENT

Name and Title: _____

Address 4635 N OCEAN BLVD

Address: _____

BOYNTON BEACH, FL 33435

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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: MD HASAN AHMMED

Address: 4635 N OCEAN BLVD

BOYNTON BEACH, FL 33435

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MD HASAN AHMMED

Address: 4635 N OCEAN BLVD

BOYNTON BEACH, FL 33435

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

Md Hasan Ahmmed

01/24/2023

Required Signature/Registered Agent

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.

Md Hasan Ahmmed

01/24/2023

Required Signature/Incorporator:

Date