

6/2/23, 10:43 AM

Division of Corporations

Florida Department of State
Division of Corporations
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**FLORIDA PROFIT/NON PROFIT CORPORATION
OTTIS CORPORATION**

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Certificate of Status	0
Certified Copy	1
Page Count	03
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Electronic Filing Menu

Corporate Filing Menu

Help

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: OTTIS CORPORATION

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1432 NW 82ND AVENUE

DORAL, FL 33126

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO TRANSACT ANY AND ALL LAWFULL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 200 SHARES PAR VALUE @ \$1.00

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: OTTO ANDELFO RODRIGUEZ, PD Name and Title:

Address 1432 NW 82ND AVENUE Address:

DORAL FL 33126

Name and Title: Name and Title:

Address Address:

Name and Title: Name and Title:

Address Address:

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LAHASSEE, 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: OTTO ANDELFO RODRIGUEZ
 Address: 1432 NW 82ND AVENUE
DORAL, FL 33126

ARTICLE VII INCORPORATOR

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

Name: OTTO ANDELFO RODRIGUEZ
 Address: 7915 NW 64 STREET
DORAL, FL 33126


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ARTICLE VIII EFFECTIVE DATE:

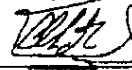
Effective date, if other than the date of filing: _____ (OPTIONAL)
 (If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

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

 _____ 05/31/2023
 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.

 _____ 05/31/2023
 Required Signature/Incorporator Date