

P23000072169

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

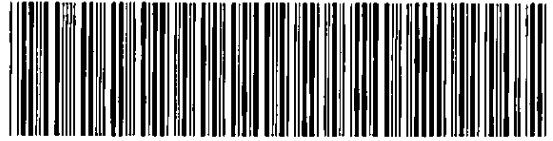
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2023-10-08 PM 8:02

**Incorporating Services, Ltd.**

1540 Glenway Drive  
Tallahassee, FL 32301  
850.656.7956  
Fax: 850.656.7953  
www.incserv.com  
e-mail: accounting@incserv.com



**ORDER FORM**

**TO** , Florida Department of State  
The Centre of Tallahassee  
2415 North Monroe Street, Suite 810  
Tallahassee, FL 32303  
corphelp@dos.myflorida.com  
850-245-6051

**FROM** Melissa Moreau  
mmoreau@incserv.com  
850.656.7953

**REQUEST DATE** , 10/9/2023

**PRIORITY** , Regular Approval

**OUR REF # (Order ID#)** 1183702

**ORDER ENTITY**

O'BRIEN CAPITAL SOLUTIONS, INC.

**PLEASE PERFORM THE FOLLOWING SERVICES:**

O'BRIEN CAPITAL SOLUTIONS, INC. ( FL )

Please file the attached articles and provide a certificate of status.

**NOTES:**

\$78.75 Authorized

**RETURN/FORWARDING INSTRUCTIONS:**

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

A handwritten signature in black ink, appearing to be "VJG".

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

## COVER LETTER

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

SUBJECT: O'BRIEN CAPITAL SOLUTIONS, 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

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                                    & Certificate of  
                                    Status

**ADDITIONAL COPY REQUIRED**

FROM: LARRY J. BEHAR, ESQ.

Name (Printed or typed)

888 SE 3RD AVENUE, SUITE 400

Address

FORT, LAUDERDALE, FLORIDA 33316

City, State & Zip

954-524-8888

Daytime Telephone number

LARRY@E2LAWYER.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: O'BRIEN CAPITAL SOLUTIONS, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

888 SE 3RD AVENUE,  
SUITE 400

FORT LAUDERDALE, FLORIDA 33316

**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: 7,500

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: ASHLEY JUSSAUSME, PRES.

Name and Title: \_\_\_\_\_

Address 888 SE 3RD AVENUE

Address: \_\_\_\_\_

SUITE 400

FORT LAUDERDALE, FLORIDA 33316

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

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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: LARRY J. BEHAR

Address: 888 SE 3RD AVENUE, SUITE 400  
FORT LAUDERDALE, FLORIDA 33316

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: LARRY J. BEHAR

Address: 888 SE 3RD AVENUE, SUITE 400  
FORT LAUDERDALE, FLORIDA 33316

2023 OCT -9 AM 8:02

**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

10/9/2023  
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

10/9/2023  
Date