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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone : (305)552-5973 : (305)675-5944 Fax Number

**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 DELIVERY ON TIME INC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu

Help

111

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

OCEAN DELIVERY ON TIME INC
ARTICLE II PRINCIPAL OFFICE:
The principal street address and mailing address is:
11450 SW 192ND ST
MIAMI FL 33157
ARTICLE III SHARES: The number of shares of stock is: 100
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:
BENITO OSVALDO GONZALEZ MORA (P)
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:
The name and Florida street address (PO Box not acceptable) of the registered agent is:
BENITO OSVALDO GONZALEZ MORA
11450 SW 192ND ST
MIAMI FL 33157
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:
BENITO OSVALDO GONZALEZ MORA
11450 SW 192ND ST
MAIAMAI EE 204E7

Required Signatures:

Having been n	amed as registered again	********
corporation at	the place designated in	t to accept service of process for the above stated this certificate, I am familiar with and accept the
		ons certificate, I am familiar with and accept the agent and agree to act in this capacity
_		sent and agree to act in this capacity
	R. C.	

Registered Agent 08/10/2023
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.

Incorporator Date