

P24000016786

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H24000089372 3)))



H240000893723ABC2

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

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

From:  
Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
Account Number : T20000000019  
Phone : (305)552-5973  
Fax Number : (305)675-5944

**\*\*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  
ODG MARKETING, CORP**

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

Electronic Filing Menu Corporate Filing Menu

Help

T. MATTHEWS

MAR - 7 2024

FILED  
2023 MAR - 6 PM 4:45  
CLERK OF STATE  
TALLAHASSEE, FL  
70491179-6

**FILED**

**ARTICLES OF INCORPORATION 2023 MAR -6 PM 4:45**  
 In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME**

The name of the corporation shall be: ODG MARKETING, CORP

SECRETARY OF STATE  
 TALLAHASSEE, FL

**ARTICLE II PRINCIPAL OFFICE**Principal street address

6989 NW 104TH CT

Mailing address, if different is:

6989 NW 104TH CT

MEDLEY, FL 33178

MEDLEY, FL 33178

**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: P: VIVIANA D'GIACOMO DE ORTIZ

Name and Title: VP: MAVIEL Y ORTIZ D'GIACOMO

Address 6989 NW 104TH CT

Address: 6989 NW 104TH CT

MEDLEY, FL 33178

MEDLEY, FL 33178

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: VIVIANA D'GIACOMO DE ORTIZ  
Address: 6989 NW 104TH CT  
MEDLEY, FL 33178

**ARTICLE VII INCORPORATOR**

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

Name: VIVIANA D'GIACOMO DE ORTIZ  
Address: 6989 NW 104TH CT  
MEDLEY, FL 33178


**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 02/29/2024 (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*

 \_\_\_\_\_ 02/29/2024  
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.*

 \_\_\_\_\_ 02/29/2024  
Required Signature/Incorporator Date