

P95000062419

TRANSMITTAL LETTER

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

50000155415
-08/11/95--01041--011
*****70.00 *****70.00

SUBJECT: O.D. Consulting, Inc.

I enclose an original and ___ copy(ies) of the Articles of Incorporation for the above corporation and a check in the amount of \$70.

SIGNED: 

From:

O. D. Consulting, Inc.

1177 North Highway A1A

Unit #501

Indianantic, Florida 32903

(407) 984-9731

FILED
95 AUG 11 PM 2:12
TALLAHASSEE, FLORIDA

✓
10104
8-14-95

ARTICLES OF INCORPORATION
OF
O.D. CONSULTING, INC.

FILED
95 AUG 11 PM 2:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be: O.D. CONSULTING, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

Physical Address:

Mailing Address:

1177 North Highway A1A

P.O. Box 279

Unit #501

Melbourne, FL 32901

Indialantic, FL 32903

ARTICLE III CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 1000.

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

Mr. Ottmar Dippold

1177 North Highway A1A

Unit # 501

Indialantic, FL 32903

ARTICLE V INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation is:

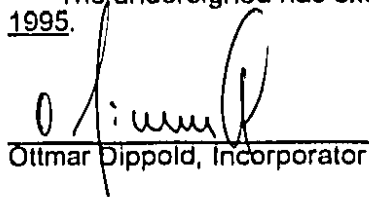
Mr. Ottmar Dippold

1177 North Highway A1A

Unit # 501

Indialantic, FL 32903

The undersigned has executed these Articles of Incorporation this First day of May 1995.


Ottmar Dippold, Incorporator

INCORPORATOR'S ACTION BY WRITTEN CONSENT

Pursuant to Section 607.0205(1)(b)(2) of the Business Corporation Act, the incorporator of O.D. Consulting, Inc. hereby consents to the election of the following persons as initial directors of this corporation to complete the organization of the corporation. The initial directors shall serve on the board until the first annual meeting of shareholders held for the election of directors, and until their successors are elected and qualified:

Mr. Ottmar K.T. Dippold

1177 North Highway A1A

Unit #501

Indialantic, Florida 32903

There being no further business, the meeting was adjourned.

DATED: May 1, 1995

SIGNED: 

Ottmar Dippold, Incorporator

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-200- 34-1-3000
FALLON COUNTY, CA 95621

CERTIFICATE OF DESIGNATION

REGISTERED AGENT/REGISTERED OFFICE

FILED

95 AUG 11 PM 2:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of Section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

1. The name of the corporation is:

O. D. Consulting, Inc.

2. The name and address of the registered agent and office is:

Mr. Ottmar Dippold

1177 North Highway A1A

Unit #501

Indialantic, Florida 32903

Signature: 

Title: President

Date: May 1, 1995

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

Signature: 

Date: May 1, 1995

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Northam
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P95000062419

1. Corporation Name

O.D. CONSULTING, INC.

Principal Office of Business

1177 NORTH HIGHWAY A1A
UNIT 501
INDIALANTIC FL 32903

Mailing Address

P.O. BOX 270
MELBOURNE FL 32901

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2/11/98

If above addresses are incorrect in any way, list through incorrect information and enter correction below

2. New Principal Office Address, If Applicable

State, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

State, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/11/1995

5. FEI Number

59-3311082

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1. Title(s)	2. Name of Officer and/or Director	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
D	DIPPOLD, OTTMAR K	1177 NORTH HIGHWAY A1A, UNIT 501	INDIALANTIC FL 32903

700002002907--3
-11/13/96--01108--014
*****375.00 *****375.00

8. Name and Address of Current Registered Agent

DIPPOLD, OTTMAR
1177 NORTH HIGHWAY A1A
UNIT 501
INDIALANTIC FL 32903

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date 9/18/96

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐

(See other side for information
on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

9/18/96

Date

Daytime Phone #

407-984-9732

9731