

796000086130

TRANSMITTAL LETTER

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

ENCLOSURE
-09/04/96 --01080--006
*****70.00*****70.00

SUBJECT: OPTIONS SUPPORT COORDINATION, INC.
(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of Incorporation and a check for :

☒ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

Additional Copy Required

FROM: SHANI S. STOUTT
Name (printed or typed)

3389 SHERIDAN ST. #189
Address

HOLLYWOOD, FL. 33021
City, State & Zip

1-954-962-8922
Daytime Telephone number

FILED
96 OCT 18 AM 10:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOTE: Please provide the original and one copy of the articles.

AB 10/18



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

September 5, 1996

SHANI S. STOUTT
3389 SHERIDAN STREET
SUITE 189
HOLLYWOOD, FL 33021

SUBJECT: OPTIONS SUPPORT COORDINATION, INC.
Ref. Number: W96000018598

We have received your document for OPTIONS SUPPORT COORDINATION, INC. and check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The registered agent and registered office listed in your articles of incorporation must be consistent throughout the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6926.

Teresa Brown
Corporate Specialist

Letter Number: 696A00041621

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

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96 OCT 18 AM 10:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

OPTIONS SUPPORT COORDINATION, INC.

ARTICLE II PRINCIPAL OFFICE

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

1909 North 31 Ave.
HOLLYWOOD, FL. 33021

ARTICLE III SHARES

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

1,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

SHANI S. STOUTT
1909 North 31 Ave.
HOLLYWOOD, FL. 33021

ARTICLE V INCORPORATOR(S)

See Instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

SHANI S. STOUTT

1909 North 31 Ave.

HOLLYWOOD, FL. 33021

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

_____ day of _____, 19_____.

(An additional article must be added if an effective date is requested.)



Signature

Signature

Signature

Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

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: OPTIONS SUPPORT COORDINATION, INC
2. The name and address of the registered agent and office is:

SHANI S. STOUTT
(NAME)

1909 n. 31 AVE
(P.O. Box or Mail Drop Box NOT ACCEPTABLE)

HOLLYWOOD, FL. 33021
(CITY/STATE/ZIP)

FILED
96 OCT 12 AM 10:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

Shani S. Stoutt
(SIGNATURE)

9/25/96
(DATE)