

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

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SUBJECT: OP PRODUCTS /HC.

(Proposed corporate name - must include suffix)

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

Filing Fee	Filing Fee & Certificate	□\$122.50 Filing Fee & Certified Copy	Filing Fee, Certified Copy & Certificate	: :	
		ADDITIONAL CO	PY REQUIRED		,
FROM: _	PEZ R.	JOHANSE	ALLAM ALLAM	R OCT	
	Name (Pr	inted or typed)		1 122	
		510 280	TO	AR S	-
	А	ddress	LORI	9: 27	
	MELBOUR	ZNE BEACH	FL 32959	-	
	City, S	State & Zip	-	•	
_	407 -	922 - 15	91		
	Daytime Te	lephone number	· · · · · · · · · · · · · · · · · · ·	•	

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

10, 34 10, 24

ARTICLES OF INCORPORATION

The unde	ersigned incorpor	ator, for the purpose	of forming a co	prporation under the	Florida
		, hereby adopts the f			

ARTICLE I NAMI	ī,

The name of the corporation shall be:

OP PRODUCTS /NC.



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

325 HIBISCUS TRAIL MELBOURNE BENEH FL. 32951

ARTICLE III SHARES

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

10.000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

PER R. JOHAN SEX 315 HIGISCUS TRAIL MELBOURNE BEARH, FL 3295/

ARTICLE V INCORPORATOR

The <u>name and address</u> of the incorporator to these Articles of Incorporation are:

PER R. JOHANSEN 325 HIBISCUS TRAIL

MELBOURNE BENCH. FL 3295/

Signature/Incorporator PERVR-JOHANSEN

Date

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

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/Registered Agent

Date