

OCT/27/2015/TUE 12:43 M

10/27/2015

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Division of Corporations

P. 001/003

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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**FLORIDA PROFIT/NON PROFIT CORPORATION
OM PROPERTY MANAGEMENT INC**

Certificate of Status	0
Certified Copy	1
Page Count	03
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P. 002/003

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: OM PROPERTY MANAGEMENT INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2465 SW 18 AVE APT 3101

MIAMI, FL 33145

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFULL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: SHARES: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: OSTERMAN MATOS (P)

Name and Title:

Address 2465 SW 18 AVE APT 3101

Address:

MIAMI, FL 33145

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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P. 003/003

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: OSTERMAN MATOS
Address: 2465 SW 18 AVE APT 3101
MIAMI, FL 33145

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: OSTERMAN MATOS
Address: 2465 SW 18 AVE APT 3101
MIAMI, FL 33145

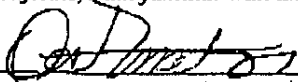
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business 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

 _____ 10/26/2015
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.

 _____ 10/26/2015
Required Signature/Incorporator Date