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

From: Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICE
Account Number : 075350000353
Phone : (212) 431-5000
Fax Number : (212) 431-1441

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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
Oceania 2055, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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MRS 6/9

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

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

ARTICLE I NAME Oceanla 2055, Inc.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE
Principal street address
165-00 Collins Ave. #2055
Sunny Isles Beach, FL 33160

Mailing address, if different is:

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
to transact any and all lawful purposes for which a corporation may be formed

ARTICLE IV SHARES
The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Murdakhay Khaimov (Director) Name and Title: _____
Address: 165-00 Collins Ave. #2055 Address: _____
Sunny Isles Beach, FL 33160 _____

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: Murdakhay Khaimov
Address: 165-00 Collins Ave. #2055
Sunny Isles Beach, FL 33160

ARTICLE VII INCORPORATOR
The name and address of the incorporator is:

Name: Murdakhay Khaimov
Address: 165-00 Collins Ave. #2055
Sunny Isles Beach, FL 33160

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

MURDAKHAY Khaimov 06/07/2011
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.

MURDAKHAY Khaimov 06/07/2011
Required Signature/Incorporator Date