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Florida Department of State
Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION
OALA 400 SUNNY I, INC.

Certificate of Status	0
Certified Copy	1
Page Count	04
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COVER LETTER

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

16 MAR 23 AM 10:22

SECRETARY OF STATE
DIVISION OF CORPORATIONS

SUBJECT: OALA 400 SUNNY I, INC.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☒ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: CRISTIAN GIACULLI

Name (Printed or typed)

20807 BISCAYNE BLVD. SUITE 104

Address

AVENTURA, FL 33180

City, State & Zip

3059877240

Daytime Telephone number

lavand@grgcpa.com

E-mail address: (to be used for future annual report notification)

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

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

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DIVISION OF CORPORATIONS
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ARTICLE I NAME
The name of the corporation shall be: OALA 400 SUNNY I, INC.

ARTICLE II PRINCIPAL OFFICE
Principal street address

Mailing address, if different is:

20807 BISCAYNE BLVD. # 104
AVENTURA, FL 33180

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES
The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>ALEJANDRO VISOKOLSKIS, PRESIDENT</u>	Name and Title:	_____
Address	<u>20807 BISCAYNE BLVD. # 104</u>	Address:	_____
	<u>AVENTURA, FL 33180</u>		_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____

(cont.)

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: MARK GERSTLE
Address: 2630 NE 203 STREET, SUITE 104
AVENTURA, FL 33180

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DIVISION OF CORPORATIONS
FLORIDA DEPARTMENT OF STATE

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ALEJANDRO J. VISOKOLSKIS
Address: 20807 BISCAYNE BLVD. # 104
AVENTURA, FL 33180

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

[Signature]
Required Signature/Registered Agent

3/22/16
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.817.135, F.S.

[Signature]
Required Signature/Incorporator

03/22/2016
Date