

P22000039577

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

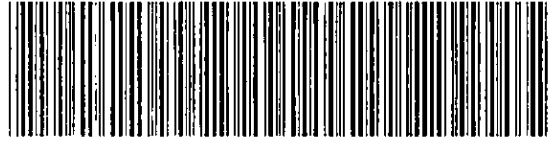
(Business Entity Name)

(Document Number)

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**FILED**  
2022 MAY 20 PM 4: 28  
SECRETARY OF STATE  
TALLAHASSEE, FL

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TALLAHASSEE, FL

Incorporating Services, Ltd.

1540 Glenway Drive  
Tallahassee, FL 32301  
850.656.7956  
Fax: 850.656.7953  
www.incserv.com  
e-mail: accounting@incserv.com

incserv<sup>®</sup>

**ORDER FORM**

**TO** Florida Department of State  
The Centre of Tallahassee  
2415 North Monroe Street, Suite 810  
Tallahassee, FL 32303  
corphelp@dos.myflorida.com  
850-245-6051

**FROM** Melissa Moreau  
mmoreau@incserv.com  
850.656.7953

**REQUEST DATE** 5/20/2022

**PRIORITY** Regular Approval

**OUR REF.# (Order ID#)** 1040558

**ORDER ENTITY**  
OAK UMBRELLA, INC.

**PLEASE PERFORM THE FOLLOWING SERVICES:**

**OAK UMBRELLA, INC (FL)**

Please file the attached articles and provide a certified copy.

**NOTES:**

\$78.75 Authorized  
Email address for annual report reminders: jmarcuscpa@yahoo.com

**RETURN/FORWARDING INSTRUCTIONS:**

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,



Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

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: Oak Umbrella, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address  
18201 Collins Ave # 2009  
Sunny Isles Beach, FL 33160

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Property Management  
for Real Estate.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Alan Eida (P) Name and Title: \_\_\_\_\_

Address: 18201 Collins Ave #2009 Address: \_\_\_\_\_

Sunny Isles Beach,  
FL, 33160

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

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TALLAHASSEE, FL

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: Alon Eida  
Address: 8201 Collins Ave #2009  
Sunny Isles Beach, FL 33160

**ARTICLE VII INCORPORATOR**

The name and address of the incorporator is:

Name: Alon Eida  
Address: 8201 Collins Ave #2009  
Sunny Isles Beach, FL 33160

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TALLAHASSEE, FL

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**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 days prior or 90 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*

Alon Eida  
Required Signature/Registered Agent

5-11-2022  
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.*

Alon Eida  
Required Signature/Incorporator

5-11-22  
Date