

OFFICE USE ONLY (Document #)

**LEZARUS CORPORATE FILING SERVICE, INC.**

(Requestor's Name)

3320 S.W. 87th AVENUE

(Address)

MIAMI, FLORIDA (305)552-5973

(City, State, Zip) (Phone #)

LOCAL REPRESENTATIVE TALLAHASSEE

OFFICE USE ONLY

**CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):**

1. THE OCEAN AIR SPECIALISTS CORP.  
(Corporation Name) (Document #)

2. LEZARUS GAVE AUTH.  
(Corporation Name) (Document #)

3. TO ADD "S" TO CORP  
(Corporation Name) (Document #)

4. NAME 2/8/99 500002767495--6  
(Corporation Name) (Document #)

~~-02708739-01079-010~~  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

- Walk in
- Pick up time
- Certified Copy
- Mail out
- Will wait
- Photocopy
- Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

**FILED**  
 99 FEB - 8 AM 11:59  
 99 FEB - 9 AM 11:25  
 SECRETARY OF STATE  
 TALLAHASSEE FLORIDA

Examiner's Initials

# ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

FILED  
99 FEB - 8 AM 11: 59  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

## ARTICLE I NAME

The name of the corporation shall be:

*THE OCEAN AIR SPECIALISTS CORP.*

## ARTICLE II PRINCIPAL OFFICE

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

*THE OCEAN AIR SPECIALIST  
322 MONROE STREET #6  
HOLLYWOOD, FL. 33019*

## ARTICLE III SHARES

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

*100 7/8*

## ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

*TELMA VILLARREAL  
322 MONROE STREET #6  
HOLLYWOOD, FL 33019*

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

TELMA VILLARREAL  
BEATRIZ EGUARRAS  
322 MONROE STREET #6  
HOLLYWOOD, FL 33019

ARTICLE VI DIRECTOR(S)

The name(s) and street address(es) of the director(s) to these Articles of Incorporation is(are):

TELMA VILLARREAL - PRESIDENT - 50%  
BEATRIZ EGUARRAS - VICE PRESIDENT - 50%  
322 MONROE STREET #6  
HOLLYWOOD, FL 33019

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this 05 day of FEBRUARY, 19 99

  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

**CERTIFICATE OF DESIGNATION**  
**REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is: THE OCEAN AIR SPECIALISTS  
CORP.
  
2. The name and address of the registered agent and office is:  
TELMA VILLARREAL  
(NAME)  
322 MONROE STREET SUITE #L  
(P.O. BOX NOT ACCEPTABLE)  
HOLLYWOOD, FL. 33019  
(CITY/STATE/ZIP)

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 [Signature]

DATE 02/05/99

99 FEB - 8 AM 11:59  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**FILED**

REGISTERED AGENT FILING FEE: \$35.00