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Florida Department of State

Division of Corporations  
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FLORIDA PROFIT/NON PROFIT CORPORATION  
OEV SOY INC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

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FLORIDA DEPARTMENT OF STATE  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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JUN 25 2018

**ARTICLES OF INCORPORATION**  
In compliance with Chapter 617, F.S., (Not for Profit)**ARTICLE I NAME**

The name of the corporation shall be:

OEV SOY Inc**ARTICLE II PRINCIPAL OFFICE**Principal street address:9300 Fontainebleau blvd Apt 211Miami, FL 33172

Mailing address, if different is:

PO BOX 228704Miami, FL 33222**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Help and promote sports  
for people with Down SyndromeSECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed:

By the  
by laws**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title:

Evelyn Guirelt

Name and Title:

(President)

Address

9300 Fontainebleau blvd

Address:

Miami, FL 33172

Name and Title:

Dalila Dager

Name and Title:

(Vice President)

Address

9300 Fontainebleau blvd

Address:

Miami, FL 33172

Name and Title:

Name and Title:

Address

Address:

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Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address \_\_\_\_\_ Address: \_\_\_\_\_  
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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: Evelyn Guirdt  
Address: 9300 Fontainebleau Blvd Apt 211  
Miami FL 33172


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**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Evelyn Guirdt  
Address: 9300 Fontainebleau Blvd Apt 211  
Miami FL 33172

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



Required Signature of Registered Agent

06/22/18

Date

I submit this document and affirm that the facts stated herein are true. I am aware that any 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.



Required Signature of Incorporator

06/22/18

Date

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