

TRANSMITTAL LETTER

P000000031834

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

900003183389--1  
-03/24/00--01084--011  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT: OBA ENTERPRISES INC  
(Proposed corporate name - must include suffix)

Enclosed is 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: ODALIS PEREZ  
Name (Printed or typed)

1039 SW 11 ST  
Address

MEADE, FL 33129  
City, State & Zip

(305) 854-9305  
Daytime Telephone number

FILED  
2000 MAR 24 PM 4: 35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

OK 3/29

FILED

2000 MAR 24 PM 4: 35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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:

OBA ENTERPRISES, INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1039 SW 11 ST  
MIAMI, FL. 33129

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

FOR INVESTMENTS IN REAL ESTATE

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS/DIRECTORS

The name(s) and address(es):

DIRECTORS  
ODALIS PEREZ, HUMBERTO PEREZ, MARIA AMELIA PEREZ  
1039 SW 11 ST, MIAMI, FL. 33129

ARTICLE VI REGISTERED AGENT

The name and Florida street address registered agent are:

ODALIS PEREZ  
1039 SW 11 ST, MIAMI, FL. 33129

ARTICLE VII INCORPORATOR

The name and address of the Incorporator are:

ODALIS PEREZ  
1039 SW 11 ST, MIAMI, FL. 33129

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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/Registered Agent

Date

Signature/Incorporator

Date