# POSSETTAL BITER 200

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

| SUBJECT: (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)   |  |  |  |  |
|--|--|--|--|--|
| Enclosed is an origin  | al and one(1) copy of the article          | es of incorporation and a                            | check for :  |  |
| ☐ \$70.00<br>Filing Fee  | \$78.75 Filing Fee & Certificate of Status | □ \$78.75 Filing Fee & Certified Copy  ADDITIONAL CO | \$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED |  |
| FROM: William Schwaztz 500003209795-3  Name (Printed or typed) -04/14/00-01079-005  *****78.75 ******78.75  MiAmi Beach FL 38189  City, State & Zip  City, State & Zip |  |  |  |  |
|  | 305-672<br>Daytime T                       | elephone number                                      |  |  |

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

W 10319



# FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

April 19, 2000

WILLIAM SCHWARTZ 1757 JAMES AVENUE, #10 MIAMI BEACH, FL 33139

SUBJECT: ORR, INC.

Ref. Number: W00000010379

We have received your document for ORR, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

## Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6933.

Teresa Brown Corporate Specialist

Letter Number: 500A00021557

TERESTA Brown Florid A Dept. OF Corpor ATIONS.

MS. Brown.

Pursuiant to your Letter of 4-19-2000

aw our phone call I have Chape the corporate

naul to OASis Recovery Resources.

Thank for for fourtime. IF you have any questions, pieuse call he @ 305.479.8292.

Sincerly Neller Solwards

#### ARTICLES OF INCORPORATION FOR

OASIS Recovery Resources

INC.

OO APR 14 AM 8: 41
SECRETARY OF STATE
TALLAHASSEE, FLORID

ARTICLE 1 NAME

THE NAME OF THE CORPORATION IS:

OASIS Recovery Resources INC.

ARTICLE II PRINCIPAL OFFICE/ MAILING ADDRESS:

THE INITIAL ADDRESS OF THE PRINCIPAL OFFICE WILL BE:

632 NE 85TH ST. MIAMI FL. 33138

THE INITIAL MAILING ADDRESS WILL BE

# 10

1757 JAMES AVE. MIAMI BEACH FL 33139

THE PRINCIPLE OFFICER MAY FROM TIME TO TIME MOVE THE OFFICE OR MAILING ADDRESS IN THE STATE OF FLORIDA AND ESTABLISH BRANCHES AND SUBSIDIARIES IN THE UNITED STATES

ARTICLE III PURPOSE:

THE GENERAL NATURE OF THE BUSINESS IS TO INVEST IN AND PURCHASE REAL ESTATE AND RELATED BUSINESS

AND IN GENERAL, TO CARRY ON ANY BUSINESS WHATSOEVER IN CONNECTION WITH, AND TO PROMOTE THE INTEREST OF, OR TO INCREASE THE VALUE OF THE CORPORATION

AND TO FURTHER BORROW AND RAISE MONEY FOR ANY PURPOSE OF THE CORPORATION AND TO

### PURCHASE EQUIPMENT FOR THE CORPORATION

ARTICLE IV: CAPITAL STOCK

THE MAXIMUM NUMBER OF SHARES OF STOCK WILL BE ONE HUNDRED COMMON SHARES WITH A VALUE OF THREE DOLLARS PER SHARE

ARTICLE V INITIAL OFFICERS

0) پو WILLIAM SCHWARTZ OF 1757 JAMES AVE. MIAMI BEACH FL 33139 WILL BE THE SOLE DIRECTOR

ARTICLE VI REGISTERED AGENT

WILLIAM SCHWARTZ OF 1757 JAMES AVE. MIAMI BEACH FL., 33139 WILL BE THE REGISTERED AGENT

ARTICLE VII INCORPORATOR

类10 WILLIAM SCHWARTZ OF 1757 JAMES AVE. MIAMI BEACH FL 33139 IS THE INCORPORATOR

ARTICLE VIII EFFECTIVE DATE

THE EFFECTIVE DATE OF THE CORPORATION WILL BE 4/12/2000

ARTICLE IX

THIS CORPORATION SHALL HAVE PERPETUAL

| EXISTENCE  | - I EN LI ONL  |
|--|--|
| Having been named as registered agent to accept service certificate, I am familiar with and accept the appointment | e of process for the above stated corporation at the place designated in t<br>at as registered agent and agree to act in this capacity |
| Signature/Registered Agent   |  |
| Wellindur  | (4/1-2020)   |
| Signature/Incorporator   | dent Date  |