

**FILED**  
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**LAZARUS CORPORATE FILING SERVICE**

(Requestor's Name)  
**3320 S.W. 87 AVENUE**  
(Address)  
**MIAMI, FLORIDA (305)552-5973**  
(City, State, Zip) (Phone #)

**TERESA ROMAN (TALLAHASSEE REPRESENTATIVE)**

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**FILED**  
01 JUL -9 PM 1:03  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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

1. **OSCAR'S PLACE INC.**  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time **2:00**

☒ Certified Copy

☐ Mail out ☐ Will wait

☐ Photocopy

☐ Certificate of Status

**RECEIVED**  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
2001 JUL -9 AM 9:54  
NOT INJECTED  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING

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

**700004463927-9**  
-07/09/01-01021-027  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

Examiner's Initials

## TRANSMITTAL LETTER

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

SUBJECT: OSCAR'S PLACE INC.

Enclosed is an original and one (1) copy of the ARTICLES OF INCORPORATION and a check for:

<u>    </u> \$70.00	<u>  X  </u> \$78.75	<u>    </u> \$122.50	<u>    </u> \$131.2
Filing Fee	Filing Fee & Certificate	Filing Fee & Certified Copy	Filing Fee, Certified Copy & Certificates

FROM:

Nelson I. Diaz  
Name (printed or typed)

3501 SW. 107 Ave  
Address

Miami, FL 33165  
City, State & Zip Code

(305) 554-7724  
Daytime Telephone Number

## 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.*

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TALLAHASSEE FLORIDA

### ARTICLE I NAME

The name of the corporation shall be: OSCAR'S PLACE INC.

**ARTICLE II PRINCIPAL OFFICE** The principal place of business and mailing address of this corporation shall be:

3501 SW. 107 Ave.  
Miami, Fl. 33165

### ARTICLE III : SHARES

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

100 Shares Common Stock, No Par Value

### ARTICLE IV : INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Nelson I. Diaz  
3501 SW. 107 Av  
Miami, FL 33165

**ARTICLE V INCORPORATOR(S)**  
See instructions for officers/directors

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

Oscar H. Othar  
President and Treasurer

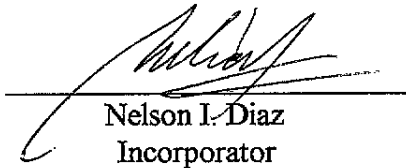
3501 SW. 107 AVE  
Miami, Fl. 33165

Susana Iranzo Munoz  
Secretary

3501 SW. 107 Ave.  
Miami, Fl. 33165

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this

3 rd.. day of July, 2001

  
\_\_\_\_\_  
Nelson I. Diaz  
Incorporator  
3501 SW. 107 Ave  
Miami, Fl. 33165

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/ REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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.

The name of the corporation is : OSCAR'S PLACE INC.

The name and address of the registered agent and office is:

Nelson I. Diaz

(Name)

3501 SW. 107 Ave

(Address)

Miami, FL 33165

(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 positions as registered agent.*



Signature

Date : 07-03-2007

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