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Special Instructions to	Filing Officer:	
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Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

#### TRANSMITTAL LETTER

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

SUBJECT:	BRANGE SKY	RATE NAME - MUST INCL	HAD SHINNIN
			ODE SOLITA)
\$70.00	ginal and one (1) copy of the  \$78.75 Filing Fee & Certificate of Status	articles of incorporation and \$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status
FROM:	KRISTINA MITE	me (Printed or typed)	
	Pum Spince 7	Address	· · ·
	PALM Springs 17 561-964-2775	<u> </u>	

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

ARTICLES	OF I	NCORP	ORATION
In compliance w	zith Cl	hanter 607	and/or Chante

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

### ARTICLE I NAME

The name of the corporation shall be:

OFARGE SKY COUP.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

2324 S. Congress Ave Suite ID Palm Springs, Fl 33406

#### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

REAL ESTATE INVESTMENTS

#### ARTICLE IV SHARES

The number of shares of stock is:

1,000

## ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

ARTICLE VI REGISTERED AGENT	
The name and Florida street address of the registered agent is:	
KRISTINA MITEN	
23245 Congress Ave Sure D	
KRISTINA MITEV 23245 Congress Ave Suite D Falm Springs, FI 33406	•
ARTICLE VII INCORPORATOR	
The name and address of the Incorporator is:	• • • •
Keistinia Mittel Ave. Suite D 23245 angress Ave. Suite D Palm Springs, Fl 33406	
Palm Springs, F133406	***********
Having been named as registered agent to accept service of process for the above st certificate, I am familiar with and accept the appointment as registered agent and ag	
Vilhila	4/29/05
Signature/Registered Agent	Date \
1/11-10	۸. ۱