

P 03000052384

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

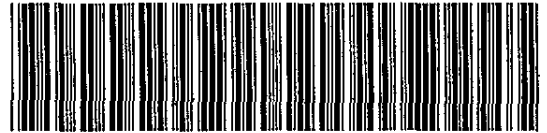
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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05/06/03--01012--020 \*\*87.50

FILED  
03 MAY -5 AM 8:55  
STATE  
TALLAHASSEE, FLORIDA

**TRANSMITTAL LETTER**

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

SUBJECT: Osiel, Inc.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

FROM: Osiel Rojas  
Name (Printed or typed)

1570 Washington Ave  
Address

Miami, Florida 33139  
City, State & Zip

917-650-8046  
Daytime Telephone number

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

**ARTICLES OF INCORPORATION**

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

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03 MAY -5 AM 8:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I NAME**

The name of the corporation shall be:

Osiel, Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/ mailing address is:

1570 Washington Avenue  
Miami, Florida 33139

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

For all purposes, business and otherwise

**ARTICLE IV SHARES**

The number of shares of stock is:

100

**ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)**

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

Osiel Rojas, 1211 Pennsylvania Ave. Apt. 1E Miami, FL 33139, Owner  
Melissa Ettore, 1211 Pennsylvania Ave. Apt. 1E, Miami FL  
33139; Co-Owner

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address of the registered agent is:

Osiel Rojas  
1570 Washington Ave  
Miami, FL 33139

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Osiel Rojas  
1570 Washington Ave  
Miami, FL 33139

\*\*\*\*\*  
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

  
\_\_\_\_\_  
Signature/Registered Agent / Incorporator

4/28/03  
\_\_\_\_\_  
Date