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TRANSMITTAL LETTER

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

SUBJECT: Oaza	A, Inc. (PROPOSED CORPORA)	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)		
Enclosed are an orig	inal and one (1) copy of the artic	les of incorporation and	a check for:		
\$70.00	□ \$78.75	☑ \$78.75	\$87.50		
Filing Fee	Filing Fee	Filing Fee	Filing Fee,		
·	& Certificate of Status	& Certified Copy	Certified Copy & Certificate of Status		
		ADDITIONAL CO	PY REQUIRED		
FROM: M	anuel Flores				
	Name (Printed or typed)			
	16850-112 Collins Ave Box	298			
•	A	ddress			
	Sunny Isles Beach, FL 331	60			
	City, State & Zip				
	(305) 321-5987				
,	Daytime Te	elephone 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)

FILED

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SECRETARY OF STATE FALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

Oaza, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 16850-112 Collins Ave. Box 298
Sunny Isles Beach, FL 33160

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all lawful business

ARTICLE IV SHARES

The number of shares of stock is: 500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s): Manuel Flores, President 16850-112 Collins Ave Box 298 Sunny Isles Beach, FL 33160

ARTICLE VI REGISTERED AGENT

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

Manuel Flores 16850-112 Collins Avenue Box 298 Sunny Isles Beach, FL 33160

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Manuel Flores 16850-112 Collins Ave Box 298 Sunny Isles Beach, FL 33160

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

\sim	Planes, to Cores -	02-16-04
,,	Signature/Registered Agent	Date
X	Hance At Care -	02-16-04.
("""	Signature/Incorporator	Date