

Florida Department of State

Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H04000114733 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

t (850)205-0381

From:

Account Name : FAS-T CORP. AGENTS, INC.

Account Number : 071001002335 Phone : (305)599-0839 Fax Number : (305)716-0346

FLORIDA PROFIT CORPORATION OR P.A.

OSVAR INVESTMENT, INC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 1 |
| Page Count | 05 |
| Estimated Charge | \$78.75 |

Electronic Elling Menu

Corporate Filing

Public Access Help

1 of 1

5/27/04 1:00 PM

We, the undersigned, hereby associate ourselves together for the purpose of becoming a corporation under the laws of the State of Florida, by and under the provision of the State of Florida providing for the formation, liability, rights, privileges and Immunities of a corporation for profit.

ARTICLE I

The name of the corporation shall be

OSVAR INVESTMENT, INC

OWNATION OF THE PARTY OF THE PA

ARTICLE II

The corporation may engage in any activity of business permitted under the laws of the United States and the State of Florida.

ARTICLE III

The maximum shares of stock, with \$ 1.00 par value, that this Corporation is authorized to have outstanding at any time is FIVE HUNDRED (500) Shares.

ARTICLE IV

The amount of capital with which this corporation will begin business not be less than \$ 500.00 Dollars. FIVE HUNDRED DOLLARS.

ARTICLE V

This Corporration is to have perpetued existence.

PREPARED BY: QUICE ACCOUNTING & BUSINESS SERVICES, INC. 1750 W 49 ST SUITE 207, MIALEAM, FL 33012
PHONE: (305) 362-3949 FAX: (305) 362-7253

ARTICLE VI

The principal office of this Corporation shall be

13380 SW 128 ST MIAMI FL 33186

ARTICLE VII

The number of the Board of Directors of the Corporation shall not be less than one person. The names and post office addresses of the first Board of Directors, who subject to the provisions of the Certificate of Incorporation, the By-laws and the acts of legislature, shall hold office for the first year of the corporation's existence or until their succesors are elected and shall be fully qualified, are:

| MONICA C OSPINA | 13380 SW 128 ST MIAMI FL 33186 | PRESIDENT DIRECTOR | <u>SHARES</u> <u>%</u> 50 |
|-----------------|-------------------------------------|-----------------------|---------------------------------|
| ORLANDO OSPINA | 13800 SW 174TH ST MIAMI FL 33177 | SECRETARY DIRECTOR | 50 |

ARTICLE VIII

The names and post office addresses of each subscriber to the Certificate of Incorporation are as follows:

| MONICA C OSPINA | President Director | 13380 SW 128 ST MIAMI PL 33186 |
|-----------------|-----------------------|-------------------------------------|
| ORLANDO OSPINA | SECRETARY DIRECTOR | 13800 SW 174TH ST MIAMI FL 33177 |

We, the undersigned, being each and all of the original subscribers to the capital stock hereinabove named for the purpose of forming a corporation for profit to do business both within and without the State of Florida, do hereby make, subscribe and acknowledge and file this Certificate hereby declaring and certifying that the facts herein stated are true, and do respectively agree to abide by the Articles as herein stated.

Suscribed at Miami, Dade County, Florida, this 11 day of May, 2004.

CERTIFICATE DESIGNATING CHANGE OF PLACE OF BUSINESS OF DOMICILE FOR SERVICE OF PROCESS WITHIN THE STATE OF FLORIDA

In pursuance of Chapter 48.091, Florida Statutes, the following is submitted in accordance with said Act.:

That OSVAR INVESTMENT, INC is qualified to do business under the laws of the State of Florida, with its principal office at:

13380 9W 128 ST MIAMI FL 33186

and has appointed

MONICA C OSPINA 13380 8W 128 STY MIAMI FL 33186

as its agent to accept service of process within this State.

ACKNOWLEDGMENT

Having been named to accept service of process for the above stated Comporation at the place designated in the Certificate I hereby accept to act in this capacity and agree to comply with the provisions of said Act relative to keeping open said office.

Honica C OSPINA