

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 205-0381

From:

Account Name : A 1 A CORPORATE SERVICES, INC.  
Account Number : 120010000247  
Phone : (800) 494-3124  
Fax Number : (305) 675-2811

STATE  
TALLAHASSEE FLORIDA

2005 MAY 20 AM 9:58

**FLORIDA PROFIT CORPORATION OR P.A.**

**O.A.L. CONSTRUCTION, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

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5/23/05

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**ARTICLES OF INCORPORATION**

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

**ARTICLE I NAME**

The name of the corporation shall be:

O.A.L. CONSTRUCTION, INC.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

5039 STARBLAZE DR.  
GREENACRES, FL 33463

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is to engage in any activity or business permitted under the laws of the State of Florida.

**ARTICLE IV SHARES**

The number of shares of stock is:

1500 COMMON SHARES PAR VALUE \$0.01

**ARTICLE V INITIAL OFFICERS / DIRECTORS**

The name(s), address(es), and title(s) of the directors and officers:

OMAR ANTONIO LOPEZ  
Director: 5039 STARBLAZE DR.  
GREENACRES, FLORIDA 33463

**ARTICLE VI REGISTERED AGENT**

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

OMAR ANTONIO LOPEZ  
5039 STARBLAZE DR.  
GREENACRES, FLORIDA 33463

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STATE

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**ARTICLE VII INCORPORATOR**

The name and Florida street address of the Incorporator is:

OMAR ANTONIO LOPEZ  
5039 STARBLAZE DR.  
GREENACRES, FLORIDA 33463

TALLAHASSEE FLORIDA

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\*\*\*\*\*  
Having been named as registered agent to accept service of process for the above 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

05/20/05  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature / Incorporator

05/20/05  
\_\_\_\_\_  
Date

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