

# Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number :

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From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255 Phone : (305)634-3694

Fax Number : (305)633-9696

# FLORIDA PROFIT/NON PROFIT CORPORATION

## orishagold corp

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

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The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

#### ARTICLE I NAME

The name of the corporation shall be:

ORISHAGOLD CORP

## ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

## 570 E 47 STREET HIALEAH FL 33010

#### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

## 100 SHARES AT \$1.00 PAR VALUE

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and address of the initial registered agent is:

Arles Suarez 570 E 47 Street Hialcah FL 33010

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ARTICLE V INCORPORATOR(S)

The name(s) and street address (es) of the incorporator(s) to these Articles of Incorporation is (are):

Arles Suarez 570 E 47 Street Hialeah FL 33010

#### ARTICLE VI OFFICERS

PRESIDENT Arles Suarez 570 & 47 Street Hialeah FL 33010 VICEPRESIDENT Mylene Ordoquiz Suarez 570 & 47 Street Hialeah FL 33010

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this

17 day of August, 2006

(An additional article must be added if an effective date is requested.)

President

Vice-president

Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.



# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of the corporation is:	TAT 3S	90	
ORISHAGOLD CORP  1. The name and address of the registered agent and office is:	CRETAGO	AU6 17	T
Arles Suarez	<b>新</b> 原	M	
570 E 47 Street	AGIBL ATTE	G 38	
(P.O. BOX OR MAIL DROP BOX NOT ACCEPTABLE)			
Hialeah FL 33010			
(CITY/STATE/ZIP)		£.	

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

08/16/2006

(SIGNATURE)

(DATE)

DIVISION OF CORPORATIONS, P. O. BOX 6327, TALLAHASSEE, FL 32314