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(Req	uestor's Name)			
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(City/State/Zip/Phone #)				
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



COVER LETTER

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

SUBJECT:	Orion & As	sociates in	/C	
	(PROPOSED CORPORA)	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)	
		•		
Enclosed are an orig	ginal and one (1) copy of the artic	cles 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		
FROM:	Hardee D	elaado		
FROM: Haydee Delgado Name (Printed or typed)				
1555 Hero 1000/ NW 59CT				
Address Address				
	Q. 11 1	E1 330	7/	
Parkland FL 33076 City, State & Zip				
954-757-5845 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	er 621, F.S. (Profit)	
ARTICLE I NAME	•	
The name of the corporation shall be: Orio	in & Associates, in	
ARTICLE II PRINCIPAL OFFICE		
The principal place of business/mailing address	is: 10001 NU 59CT	
	Purkland PL 330	7-6 ESE 9
ARTICLE III PURPOSE		CRE SE
The purpose for which the corporation is organ	is: 10001 NU 59CT Parkland FL 330 nized is: Asset Management	FILED PIO AH! TARY OF S HASSEE, FL
ARTICLE IV SHARES		9: 1 OR
The number of shares of stock is: /// // // // // // // // // // // // /		DA DA
	MD/OR DIRECTORS Haydee Delgado - F	
The name and Florida street address (P.O. Bo		ent is:
1		
Haydee Delgado		
Parkland FL 33076		
ARTICLE VII INCORPORATOR		
The <u>name and address</u> of the Incorporator is:	Haydee Delgado	
10001 NW 590-T	7 - 3 - 3	
10001 NW 5907 Parkland FL 33076		
********	**********	*****
Having been named as registered agent to accept service certificate, I am familiar with and accept the appointment		
House Palanto		162
Signature/Registered Agent	,	Date
Hande Polando	8/2	462
Signature/Incorporator		Date