P0800004939/

(Requestor's Name)	
(Address)	_
(Address)	_
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Document Number)	_
Certified Copies Certificates of Status	<u></u>
Special Instructions to Filing Officer:	
600 23363	
Office Use Only	
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COVER LETTER

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

SUBJECT: Oy Vek	o Inc. (PROPOSED CORPOR	ATE NAME – <u>MUST INC</u> L	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy ADDITIONAL CO	S87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
FROM: <u>Tri</u>	sh Cohen Name	(Printed or typed)	
	3603 W. Cleveland Street	Address	
	Tampa, Florida 33609	, State & Zip	· · · · · · · · · · · · · · · · · · ·
	813-546-6338	Telephone number	

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE **Division of Corporations**

May 9, 2008

TRISH COHEN 3603 W. CLEVELAND STREET TAMPA, FL 33609

SUBJECT: CY VELO INC. Ref. Number: W08000023393 As we distingthed be yeld. Thanks, the should be yeld. Thanks, the should be the shoul

We have received your document for CY VELO INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please complete Article(s) II.

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6934.

Loria Poole Regulatory Specialist II

Letter Number: 708A00029867

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:

Oy Velo Inc.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

Same as above 3603 W. Cleveland St.

Tampa, Fl. 33609

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To promote Jewish cycling products, services and news to the world.

ARTICLE IV SHARES

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s): President, Vice President, Secretary, Treasurer: Trish Cohen

Trish Cohen 3603 W. Cleveland Street Tampa, Florida 33609

ARTICLE VI REGISTERED AGENT

The <u>name and Florida street address</u> (P.O. Box NOT acceptable) of the registered agent is:

Trish Cohen 3603 W. Cleveland Street Tampa, Florida 33609

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

Trish Cohen 3603 W. Cleveland Street Tampa, Florida 33609

Signature/Incorporator

Date