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CORPORATE FILING SERVICE

3320 SW 87TH AVENUE

MIAMI, FL 33165 (305) 552-5973

RPORATION NAME(S) & DOCUM	IENT NUMBER(S), (if known):
10CIRISACES	Corp	
(Corporation Name)	(Documenf#)	
(Corporation Name)	(Document #)	
(Corporation Name)	(Document #)	
(Corporation Name)	(Document #)	•
Walk in Pick up time	2 100	Certified Copy
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Profit Not for Profit Limited Liability Domestication Other	Amendment Resignation of Change of Reg Dissolution/Wi Merger	
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Annual Report Fictitious Name	Foreign Limited Partne Reinstatement Trademark Other	ership
		Examiner's Initials

ARTICLES OF INCORPORATION

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:

OCINISACES, CORP.

ARTICLE II - PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS AND MAILING OF THIS CORPORATION SHALL BE:

11045W 145 AU MARI F/ 33184.

ARTICLE III - SHARES

THE NUMBER OF SHARES OF STOCK THAT THIS CORPORATION IS AUTHORIZED TO HAVE OUTSTANDING AT ANY ONE TIME IS:

<u>ARTICLE IV - INITIAL REGISTERED AGENT AND STREET ADDRESS</u>

THE NAME AND ADDRESS OF THE INITIAL REGISTERED AGENT IS

MORAINA BRIDO.
1124 SW 145 AU MIANI FI

ARTICLE V - INCORPORATOR

THE NAME AND STREET ADDRESS OF THE INCORPORATOR TO THE ARTICLES OF INCORPORATION IS:	ESE	
MORAINA Brito		
1124 Sw 145 AU MARY F1 33184.		
THE UNDERSIGNED INCORPORATOR HAS EXECUTED THESE ARTICOPY OF INCORPORATION THIS 3/ DAY OF, 200 &	LES	
SIGNATURE	08 AUG -5	SECRETARY
ARTICLE VI - DIRECTOR(S)		RP CR
THE NAME(S) AND STREET ADDRESS (ES) OF THE DIRECTOR(S) THESE ARTICLES OF INCORPORATION IS (ARE):	το ξς	TAIL Allows
No a series (ODCT)		

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT / REGISTERED OFFICE

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT 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 RELATED TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

REGISTERED AGENT SIGNATURE