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(Requestor's Name)
(Address)
(riddisso)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Name)
(Document Number)
,
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

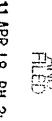
Office Use Only



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COVER LETTER

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

SUBJECT: OREN G IN (PROPOSED CORPORAT	'C
(PROPOSED CORPORAT	E NAME – <u>MUST INCLUDE SUFFIX</u>)
Enclosed are an original and one (1) copy of the artic	les of incorporation and a check for:
Filing Fee & Certificate of Status	\$78.75 \$87.50 Filing Fee Filing Fee, & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED
l	
FROM: OREN GRADE	Printed or typed)
1221 FRANCIS	
SARASO FA FL City, S	3 1/2 3 2 State & Zip
1-941- 928- Daytime Te	1009 lephone number
E-mail address: (to be used	for future annual report notification)

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

ARTICLES OF INCORPORATION

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

ARTICLE I N. The name of the corpo	AME oration shall be: OREN G IN	YC	
/2	Principal office Principal street address 2/ FRANCIS AUC RASOFA FL 34232	Mailing :	address, if different is:
	IRPOSE th the corporation is organized is: ONSTAUCTION		
The number of shares	0,7.0	_	
Name and Title: Address:	NTIAL OFFICERS AND/OR DIRECTOR ORFN GRABER PRESIDER 1221 FRANCIS AUG SARASOFA FL 34232	Name and Title:	
Name and Title: Address:			
Name and Title: Address:			
ARTICLE VI RI	EGISTERED AGENT		
	a street address (P.O. Box NOT acceptable) of	the registered agent is:	
Name: . Address:	Dren Graber 1221 FRANCIS AUL SARASOTA FL 34232	-	A APR
ADMICI P. IVI	MORROR 4 MOR		
ARTICLE VII IN	s of the Incorporator is:		FO TO
Name:	OREN GAMber	_	P) R
Address:	1221 FRANCIS AUR SARMSOFR FL 34233	- - <u>-</u>	3: 22 ORIGE ORIGE
	as registered agent to accept service of process amiliar with and accept the appointment as regi ()		
Vien	Drole		4/13/11
الوستان المتحادث المتحادث المتحادث	Required Signature/Registered Agent		Date
	nt and affirm that the facts stated herein are rtment of State constitutes a third degree felony		
(On.)	De la		4/17/11
yrun /	Required Signature/Incorporator		Date
			•