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(Requestor's Name)

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2012 JAN -6 PM 12:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers JAN 09 2012

OCEAN GROW, INC
5005 HAYES STREET
HOLLYWOOD, FLORIDA 33021

PHONE # 954-274-7396

December 29, 2011

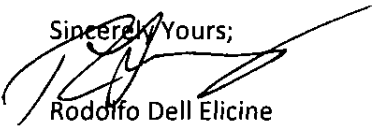
Department of State
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Gentlemen;

Please be advised that I will not reinstate the old Doc # P03000066109 under Ocean Grow, Inc.
And I requesting you file the for profit New Corporation using same name Ocean Grow, Inc.

If you have any questions, please feel free to call me.

Sincerely Yours;


Rodolfo Dell Elicine
Company President

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TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: OCEAN GROW, INC
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☒ \$70.00 Filing Fee
☐ \$78.75 Filing Fee & Certificate of Status

☐ \$78.75 Filing Fee & Certified Copy
☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED

FROM: NOEL E. ESCOBAR SR- ACCOUNTANT
Name (Printed or typed)

4420 SW 77TH AVENUE
Address

DAVIE, FLORIDA 33328
City, State & Zip

954-474-5425
Daytime Telephone number

NESCO1@AOL.COM
E-mail address: (to be used for future annual report notification)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 NAME

OCEAN GROW, INC
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
5005 HAYES STREET
HOLLYWOOD, FLORIDA 33021

Mailing address, if different is:

SAME

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ARTICLE IV SHARES

The number of shares of stock is: 500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: RODOLFO DELL ELICINE PRESIDENT-DIRECTOR
Address: 5005 HAYES STREET
HOLLYWOOD, FLORIDA 33021

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: RODOLFO DELL ELICINE
Address: 5005 HAYES STREET
HOLLYWOOD, FLORIDA 33021

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: RODOLFO DELL ELICINE
Address: 5005 HAYES STREET
HOLLYWOOD, FLORIDA 33021

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

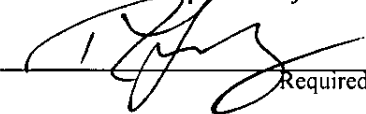


Required Signature/Registered Agent

DECEMBER 29, 2011

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Required Signature/Incorporator

DECEMBER 29, 2011

Date