

P12000030487

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

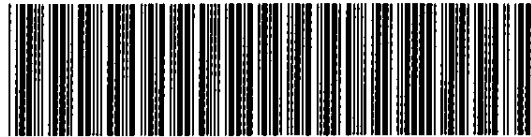
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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03/29/12--01007--012 **78.75

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
12 MAR 29 AM 10:08

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

FILED
12 MAR 29 AM 7:06

1/4

LAZARUS

CORPORATE FILING SERVICE

3320 SW 87TH AVENUE

MIAMI, FL 33165 (305) 552-5973

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. ORREAGA INC
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- Walk in Pick up time 2.06 Certified Copy
 Mail out Will wait Photocopy Certificate of Status

NEW FILINGS

- Profit
 Not for Profit
 Limited Liability
 Domestication
 Other

AMENDMENTS

- Amendment
 Resignation of R.A., Officer/Director
 Change of Registered Agent
 Dissolution/Withdrawal
 Merger

OTHER FILINGS

- Annual Report
 Fictitious Name

REGISTRATION/QUALIFICATION

- Foreign
 Limited Partnership
 Reinstatement
 Trademark
 Other

Examiner's Initials

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

ARTICLE I NAME ORREAGA INC
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE
Principal street address
12955 SW 42ND ST STE 12
MIAMI
FLORIDA 33175

Mailing address, if different is:
12955 SW 42ND ST STE 12
MIAMI
FLORIDA 33175

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
REAL ESTATE PURCHASE

ARTICLE IV SHARES
The number of shares of stock is: 100 SHARES @ 1.00 PER VALUE

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: PRESIDENT JOSE IRIBARREN
Address: 346 NW 119 CT
MIAMI
FLORIDA 33182

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: JOSE IRIBARREN
Address: 346 NW 119 CT
MIAMI FL 33182

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: JOSE IRIBARREN
Address: 346 NW 119 CT
MIAMI FL 33182

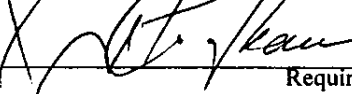
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

03/26/2012
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

03/26/2012
Date

FILED
MAR 29 AM 7:07
SECRETARY OF STATE
TALLAHASSEE FLORIDA