

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H12000253657 3)))



H120002536573ABC+

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

## To:

Division of Corporations  
Fax Number : (850) 617-6381

## From:

Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

FLORIDA PROFIT/NON PROFIT CORPORATION  
OXY BUMP CORPORATION

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 1       |
| Page Count            | 02      |
| Estimated Charge      | \$78.75 |

*K 10/22/12*

Electronic Filing Menu

Corporate Filing Menu

Help

H12000253657.

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

**ARTICLE I NAME** OXY BUMP CORPORATION  
The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address  
4700 Biscayne Blvd.  
Suite 404  
Miami, FL 33137

Mailing address, if different is:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is:  
To manufacture and market consumer products.

12 OCT 19 AM 11:49  
RECEIVED  
TALLAHASSEE FLORIDA

**ARTICLE IV SHARES**  
The number of shares of stock is: 10,000,000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Shamilla Hunter -  
Address: 4700 Biscayne Blvd.  
Suite 404  
Miami, FL 33137

Name and Title: CEO, VP, Treasurer and Secretary  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: Lissa Charron  
Address: 4700 Biscayne Blvd.  
Suite 404  
Miami, FL 33137

Name and Title: President  
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: Alan K. Marcus, Esq.  
Address: 2600 Douglas Road, Suite 1111  
Coral Gables, FL 33134

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Shamilla Hunter  
Address: 4700 Biscayne Blvd., Suite 404  
Miami, FL 33137

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

10/19/12  
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

10/19/12  
Date



LIAMMARTIN