

**P/3000059396**

**Florida Department of State  
Division of Corporations  
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(((H13000148610 3)))



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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  
O.O.E. MANAGING GROUP, INC.**

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

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July 15, 2013

FLORIDA DEPARTMENT OF STATE

Division of Corporations

EMPIRE CORPORATE KIT COMPANY

SUBJECT: O.O.E. MANAGING GROUP, INC.  
REF: W13000039410

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You failed to make the correction(s) requested in our previous letter.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

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Valerie Herring  
Regulatory Specialist II  
New Filing Section

FAX Aud. #: H13000148610  
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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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

ARTICLE I NAME

The name of the corporation shall be:  
O.O.E. MANAGING GROUP, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address  
352 W. CORAL TRACE CIRCLE  
DELRAY BEACH, FL 33445

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:  
ANY AND ALL LEGAL BUSINESS.

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: OMER SHLOMOVITZ/PRESIDENT  
Address: 18255 NE 4<sup>TH</sup> STREET  
MIAMI, FL 33162

Name and Title: ESTER BLBAZ/DIRECTOR  
Address: 352 W. CORAL TRACE CIRCLE  
DELRAY BEACH, FL 33445

Name and Title: OPPI MENAHEM/DIRECTOR  
Address: 162 W. 75 STREET, APT. 3R  
NEW YORK, NY 10023

ARTICLE VI REGISTERED AGENT

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

Name: OMER SHLOMOVITZ  
Address: 18255 NE 4<sup>TH</sup> STREET  
MIAMI, FL 33162

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: OMER SHLOMOVITZ  
Address: 18255 NE 4<sup>TH</sup> STREET  
MIAMI, FL 33162

\*\*\*\*\*  
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.

OMER SHLOMOVITZ  
Required Signature/Registered Agent

7/11/2013  
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 s37.155, F.S.

OMER SHLOMOVITZ  
Required Signature/Incorporator

7/11/2013  
Date

H13000148610