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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6381

From: Account Name : INCORPORATING SERVICES FL
Account Number : I20050000052
Phone : (302) 531-0855
Fax Number : (850) 656-7953

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Email Address: 3ollishm@yahoo.com

FLORIDA PROFIT/NON PROFIT CORPORATION
Optimus Management Group, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Incorporating Services, LTD.

No. 7862 P. 2

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: Optimus Management Group, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1007 Rathburn Rd.

Oswego, NY 13126

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any legal purpose.

ARTICLE IV SHARES

The number of shares of stock is: 150,000,000 common stock at \$.001 par value.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Ralph Giberson

Name and Title: Director, President, Secretary

Address: 1007 Rathburn Rd.

Address:

Oswego, NY 13126

Name and Title:

Name and Title:

Address:

Address:

Name and Title:

Name and Title:

Address:

Address:

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(cont.)

Name and Title: _____	Name and Title: _____
Address _____	Address: _____
_____	_____
_____	_____

ARTICLE VI REGISTERED AGENT

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

Name: Incorporating Services, Ltd.
Address: 1540 Glenway Drive
Tallahassee, FL 32301

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Margaret Sollish
Address: 8 Salina St.
Baldwinsville, NY 13027

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

Gene L. Kent, Asst Secretary
Required Signature/Registered Agent

10/30/13
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.

Margaret Sollish
Required Signature/Incorporator

10/30/2013
Date

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TALLAHASSEE FLORIDA