

COVER LETTER

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

SUBJECT: Okami 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: Malkhaz Mekantsishvili
Name (Printed or typed)

256 SE St. Lucie Blvd #202
Address

Stuart, FL 34996
City, State & Zip

772-634-6386
Daytime Telephone number

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

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)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

ARTICLE I NAME

The name of the corporation shall be: OKami³ Inc.

2014 JAN 21 AM 9:26

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

256 SE St. Lucie Blvd.

Apt # 202

Stuart, FL 34996

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Sales + marketing

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Malkhaz Mekantshvili / owner Name and Title: _____

Address: 256 SE St. Lucie Blvd Address: _____
#202 _____
Stuart, FL 34996 _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

(cont.)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

2014 JAN 21 AM 9:26

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: Amanda Shinn

Address: 10466 SE Sailfish Cir.
Hobe Sound, FL 33455

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: IMALKHAZ MEKANTSHVILI

Address: 256 SE ST. LUCIE Blvd. #202
Stuart, FL 34996

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

_____ AS _____ 1/10/14
Required Signature/Registered Agent 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.

_____ [Signature] _____ 1/10/14
Required Signature/Incorporator Date