

P140000008133

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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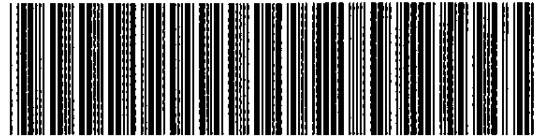
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2014 JAN 21 AM 9:26

144

## 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)

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DIVISION OF CORPORATION

**ARTICLE I NAME**

The name of the corporation shall be: Okami<sup>3</sup> Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

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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.)

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DIVISION OF CORPORATIONS

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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:

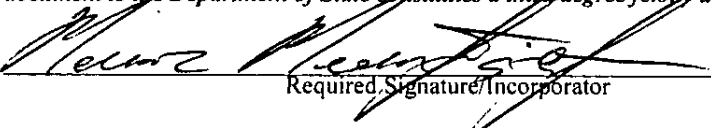
Name: MAIKHAZ MEKANTSHVILI  
Address: 256 SE St. Lucie Blvd. #202  
Stuart, FL 34996

*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*

  
Required Signature/Registered Agent

1/10/14  
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

1/10/14  
Date