

P14000059605

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

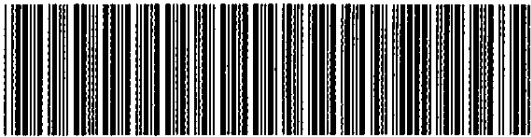
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900261468799

07/15/14--01001---018 **78.75

RECEIVED
DEPARTMENT OF STATE
14 JUL 14 PM 4:25

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
14 JUL 14 AM 8:36

[Signature] 7/15/14

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP: _____



CERTIFIED COPY



PHOTOCOPY



CUS



FILING

Corp.

1.

Osprey Capital Management Corp.

(CORPORATE NAME AND DOCUMENT #)

2.

(CORPORATE NAME AND DOCUMENT #)

3.

(CORPORATE NAME AND DOCUMENT #)

4.

(CORPORATE NAME AND DOCUMENT #)

5.

(CORPORATE NAME AND DOCUMENT #)

6.

(CORPORATE NAME AND DOCUMENT #)

FILED
14 JUL 14 AM 8:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SPECIAL INSTRUCTIONS:

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

FILED

14 JUL 14 AM 8:36

ARTICLE I NAME

The name of the corporation shall be: Osprey Capital Management Corp.

ARTICLE II PRINCIPAL OFFICE

Principal street address

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
Mailing address, if different is:

1000 South Pointe Drive, Suite 3602

Miami Beach, FL 33139

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to transact any lawful business.

ARTICLE IV SHARES

The number of shares of stock is: 1,000 shares of Common Stock, without par value.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Basil K. Vasilou

Name and Title: Chairman & Director

Name and Title: _____

Address 1000 South Pointe Drive

Address: _____

Suite 3602

Miami Beach, FL 33139

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

(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:

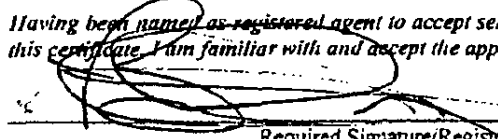
Name: Basil K. Vasilou
Address: 1000 South Point Drive, Suite 3602
Miami Beach, FL 33139

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Basil K. Vasilou
Address: 1000 South Pointe Drive, Suite 3602
Miami Beach, FL 33139

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

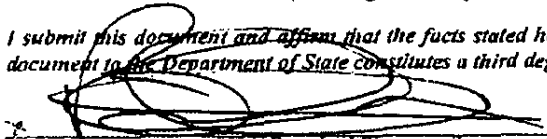


Required Signature/Registered Agent

x 10 July 2014

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

x 10 July 2014

Date

FILED
14 JUL 14 AM 8:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA