

AUG/01/2014/FRI 11:19 AM

FAX No.

P. 001/003

Division of Corporations

Florida Department of State

Division of Corporations

Electronic Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6381

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I20000000146

Phone : (305) 444-4994

Fax Number : (305) 444-4977

****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
OZZY TRADING CORP**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

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P. 002/003

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: **OZZY TRADING CORP**

ARTICLE II PRINCIPAL OFFICE

Principal street address

9550 SW 36TH STREET #1
MIAMI, FL 33165

Mailing address, if different is:

9550 SW 36TH STREET #1
MIAMI, FL 33165

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: **ANY AND ALL LAWFUL BUSINESS**

ARTICLE IV SHARES

The number of shares of stock is: **100**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **(P) OSVALDO GAYON**

Address **9550 SW :**
#1
MIAMI, FL

264-770565
(786) 260-3244

Name and Title: **E:**

Address

miamibeachmodel@gmail.com

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: OSVALDO GAYON
Address: 9550 SW 36TH STREET #1
MIAMI, FL 33165


ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: OSVALDO GAYON
Address: 9550 SW 36TH STREET #1
MIAMI, FL 33165

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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

JULY 31, 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

JULY 31, 2014

Date