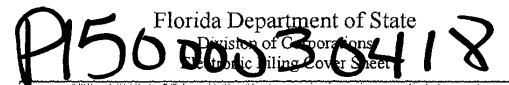
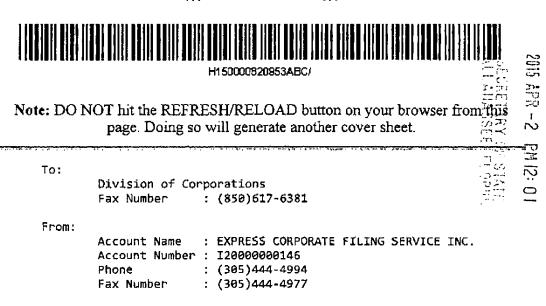
4/2/2015

Division of Corporations



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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.

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FLORIDA PROFIT/NON PROFIT CORPORATION O & G MULTISERVICES INC

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

	RINCIPAL OFFICE Principal <u>street</u> address TFLAGLER ST	Mailing a	ddress, if different is:
AMI, FL			
ICLE III PL	TRPOSE h the corporation is organized is: ANY AN	D ALL LAWFULL	BUSINES®
surpose for whic	h the corporation is organized is:		
		 	<u> </u>
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			76 7
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	HARES of stock is:		
TICLE V IN	IITIAL OFFICERS AND/OR DIRECTOR		
TICLE V IN	TITIAL OFFICERS AND/OR DIRECTOR	Name and Title:	
TICLE V IN	IITIAL OFFICERS AND/OR DIRECTOR		
Name and Ti Address	OSMANY GONZALEZ CRUZ(P) 4410 WEST FLAGLER ST MIAMI, FL 33134	Name and Title: Address:	
TICLE V IN	OSMANY GONZALEZ CRUZ(P) 4410 WEST FLAGLER ST MIAMI, FL 33134	Name and Title:	
Name and Ti Address	OSMANY GONZALEZ CRUZ(P) 4410 WEST FLAGLER ST MIAMI, FL 33134	Name and Title: Address: Name and Title:	
Name and Ti Address Name and Tit	OSMANY GONZALEZ CRUZ(P) 4410 WEST FLAGLER ST MIAMI, FL 33134	Name and Title: Address: Name and Title:	
Name and Ti Address Name and Tit Address	MIAMI, FL 33134	Name and Title: Address: Name and Title: Address:	
Name and Ti Address Name and Tit Address	OSMANY GONZALEZ CRUZ(P) 4410 WEST FLAGLER ST MIAMI, FL 33134	Name and Title: Address: Name and Title; Address: Name and Title:	

(conti.)

Name an	d Title:	Name and Title	
Address			
			~
ARTICLE VI	REGISTERED AGENT		
The name and Fi	orida street address (P.O. Box NOT acceptable) or	f the registered agent is:	
Name;	OSMANY GONZALEZ CRUZ	-	
Address:	4410 WEST FLAGLER ST	_	
	MIAMI, FL 33134	_	
ARTICLE VII	INCORPORATOR		
The name and ad	dress of the Incorporator is:		
Name:	OSMANY GONZALEZ CRUZ		
Address:	4410 WEST FLAGLER ST		
	MIAMI, FL 33134	•	
Having been nan	ned as registered agent to accept service of process	for the above stated corp	oration at the place designated in
this certificate, I a	in familiar with and accept the appointment as reg	istered agent and agree to	act in this capacity
× ///	, ,		04/01/2015
	Required Signature/Registered Agent		Date
I submit this doc	ument and affirm that the facts stated herein are Department of State constitutes a third degree felon	true. I am aware that the	false information submitted in a
menical wild	reparament of State constitutes a titra degree felon	y as <i>provinca for in 3.81 /</i> .	
~UNG	Required Signature/Incorporator		04/01/2015
0	reduise diffinition ((sept) of (the)		Date