

P1500066992

Florida Department of State
Division of Corporations
Self-Service Center

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To: Division of Corporations
Fax Number : (850) 617-6381

From: Account Name : INTERSTATE FILINGS LLC
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Email Address: CONTACT@INTERSTATEFILINGS.COM

**FLORIDA PROFIT/NON PROFIT CORPORATION
OHR PARTNERS SOLUTIONS INC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

RECEIVED
15 AUG 10 PM 1:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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15 AUG 10 AM 10:39
OFFICE OF THE CLERK
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

AUG 10 2015
S. GILBERT

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: OHR PARTNERS SOLUTIONS INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

16699 COLLINS AVE #2506

SUNNY ISLES BEACH, FL 33160

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY LAWFUL PURPOSE

ARTICLE IV SHARES

The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ALESSANDRA SCORNAIENCHI, PRESIDENT

Name and Title: _____

Address: 16699 COLLINS AVE #2506

Address: _____

SUNNY ISLES BEACH, FL 33160

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

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THE NINTH JUDICIAL CIRCUIT
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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:

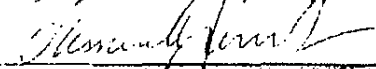
Name: ALESSANDRA SCORNAIENCHI
Address: 16699 COLLINS AVE #2506
SUNNY ISLES BEACH, FL 33160

ARTICLE VII INCORPORATOR

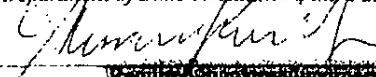
The name and address of the Incorporator is:

Name: ALESSANDRA SCORNAIENCHI
Address: 16699 COLLINS AVE #2506
SUNNY ISLES BEACH, FL 33160

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

	8/10/2015
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.

	8/10/2015
Required Signature/Incorporator	Date