(Re	questor's Name)	
—— (Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number))
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	
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SEP 29 2015

T SCHROEDER

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

35 OAK US 4, INC	•			SEP 29 AM II: 18
Signature Requested by: BA Name	9/29 Date Time		Art of Inc. File	
Walk-In	Will Pick Up		Courier	

COVER LETTER

Department of State New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT: 35	OAK US 4, INC.		
:	(PROPOSED CORPOR	ATE NAME – <u>MUST IN</u>	CLUDE SUFFIX)
Enclosed are an	original and one (1) copy of the ar	ticles of incorporation	and a check for:
□ \$70.6 Filing F	• • • • • • • • • • • • • • • • • • • •	\$78.75 Filing Fee & Certified Copy	Sanda
FROM	DANIEL S. MOSKOVITZ, ESQ.		
, Trown		ne (Printed or typed)	
	48 EAST FLAGLER STREET, PH-104	4	
	MIAMI, FL 33131	Address	
		, State & Zip	
	305-371-2248		
	•	Telephone number	
	SM@3MLAW.NET E-mail address: (to be us	ed for future annual rep	ort 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)

The name of the name	35 OAK US 4, INC.			:		
The name of the comora	CIPAL OFFICE		į	į		
Principal street address			Mailing ac	idress, if di	fferent is:	
48 East Flagler Street, l	PH-104			:	<u> </u>	
Miami, FL 33131			 			
ARTICLE III PURP	006	· · · · · · · · · · · · · · · · · · ·		·]		
The purpose for which	OSE the corporation is organized is:	all lawful purpose	ļ			·
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				<u> </u>	N	-ī₁⊅ -
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ARTICLE IV SHAR	<u>ES</u> 1000	•			·	
The number of shares of			-			
	·		:	j		
ARTICLE V INITIA	AL OFFICERS AND/OR DIRECTORS					
Name and Title	WILLIAM WIENER, PTSD	Name and Titl	e:	ļ		
Address	c/o 48 E FLAGUER ST, PH-104	Address:	1 .		***************************************	
Material	MIAMI, FL 33131	Audices.	i			
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Name and Title		Name and Titl	: ! !	j		
Address		Address:				
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Name and Title		Name and Titl	¢:			
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Name an	d Title:	Name and Title	·	
Address		Address:		
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•		,		
	REGISTERED AGENT orida street address (P.O. Box NOT accepts	ble) of the registered app	ent is:	i
Name:	DANIEL S MOSKOVITZ, ESQ			
	48 E FLAGLER ST, PH-104	;	;	o.u≯
Address:	MIAMI, FL 33131	:	,	5 × × ×
,	MIAMI, FL 33131			SEP GREE
APTICI E VII	<u>INCORPORATOR</u>		•	TAR OF C
;		!		
The <u>name and ad</u>	dress of the Incorporator is:	:		OF STATE REDRATIO AH II: 50
Name:	DANIEL S MOSKOVITZ			50
Address:	48 E FLAGLER ST, PH-104			
	MIAMI, FL 33131		. :	
:				•
	EFFECTIVE DATE:	\ 		
	other than the date of filing: ste is listed, the date must be specific and	. (Of	TIONAL)	nring or 80 business
days after the fil	ing.)	campor be more than it	ve ousmess days	prior or 30 dusiness
Note: If the date the document's ef	inserted in this block does not meet the appl fective date on the Department of State's rec	icable statutory filing re- ords.	quirements, this d	ate will not be listed as
Having been nam this certificate, I a	ed as registered agent to accept service of p im familiar with and accept the appointment	rocess for the above sta as registered agent and	ted corporation a agree to act in th	the place designated in s cupacity
,	Deer Marks		9/2	8/2015
 _	Required Signature/Registered Ager	nt :		Date
	ument and affirm that the facts stated herei			
document to the L	Department of State constitutes a third degree	e felony as provided for .	in s.817.155, F.S.	
	Canol / Norks	<u> </u>	9/2	8/2015
Requir	ed Signature/Incorporator	:		Date