

JUL/07 016/02:00 FAX 7/7/20  
P 1600056179  
Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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FLORIDA PROFIT/NON PROFIT CORPORATION  
OSA MAYOR CORP.

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

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16 JUL -7 PM 2:09

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

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FAX No. 9

P. 002/003

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**ARTICLES OF INCORPORATION**

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

16 JUL -7 AM 8:04

**ARTICLE I NAME**

The name of the corporation shall be: OSA MAYOR CORP.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

300 S Biscayne Blvd, Suite 3103

2030 S Douglas Road, Suite 212

Miami, Florida 33131

Coral Gables, Florida 33134

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Real Estate investment

**ARTICLE IV SHARES** 100

The number of shares of stock is:

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Rimonde Invest Corp., President

Name and Title: \_\_\_\_\_

Address: 60 Market Square

Address: \_\_\_\_\_

PO Box 1906

Belize City

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: Sandra Ciola  
Address: 2030 S Douglas Road Suite 212  
Coral Gables, Florida 33134

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: RIMONDE INVEST CORP.  
Address: 60 Market Square, PO Box 1906  
Belize City

*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 Agent07/07/2016

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/Incorporator07/07/2016

Date

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SECRETARY OF STATE  
ADMINISTRATIVE DIVISION