8/9/2016

Division of Corporations Electronic Filing Cover Sheet

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Ta:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : GM FINANCIAL GROUP

Account Number : I19980000102 Phone : (954)428-8899

Fax Number : (954)428-6699

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

FLORIDA I

FLORIDA PROFIT/NON PROFIT CORPORATION OHIO INTERVENTION ASSOCIATES, INC.

| Certificate of Status | 0 |
|-----------------------|---------|
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Electronic Filing Menu

Corporate Filing Menu

Help

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

| RTICLE I NAME OHIO INTERVENTION ASS the name of the corporation shall be: RTICLE II PRINCIPAL OFFICE | | |
|---|--------------------|---------------------|
| Principal street address | Mailing addres | s, if different is: |
| 499 WEST PALMETTO PARK RD #130 | | |
| OCA RATON, FL 33486 | <u></u> | |
| RTICLE III PURPOSE The purpose for which the corporation is organized is: | ALL LEGAL BUSINESS | |
| | | |
| | | 6 5 |
| | | 5 |
| RTICLE IV SHARES the number of shares of stock is: | | 6 |
| | | 3 |
| Name and Title: JOSHUA BUTCHER PRES. | | 0 |
| Name and Title: | Name and Title: | 7 |
| BOCA RATON, FL 33486 | Address: | |
| | | |
| Name and Title: | Name and Title: | |
| Address | Address: | |
| | | |
| Name and Title: | Name and Title: | |
| Address | Address: | <u></u> |
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| Address | | Address: | |
|---|---|--|--------------------|
| | | | |
| | REGISTERED AGENT lorida street address (P.O. Box NOT acceptable |) of the registered agent is: | |
| Name: | GM FINANCIAL GROUP LIMITED INC. | | |
| Address: | 1499 W PALMETTO PK RD #130 | | ار اح د |
| | BOCA RATON, FL 33486 | AUG | چند: 2 - 1 - |
| | INCORPORATOR | 5 | 1 2 3 |
| The <u>name and a</u> | ddress of the Incorporator is: | | - ' : |
| Name: | JOSHUA BUTCHER | _ ලා | 3 |
| Address: | 1499 W PALMETTO PK RD #130 | | 30. |
| | | | - |
| Effective date, i (If an effective | | | bu si ne |
| Effective date, i (If an effective days after the f Note: If the dat | EFFECTIVE DATE: fother than the date of filing: date is listed, the date must be specific and ca | anot be more than five business days prior or 90 ble statutory filing requirements, this date will not b | |
| Effective date, is (if an effective days after the f Note; If the dat the document's daying been not this certificate, it is submit this do document to the | EFFECTIVE DATE: f other than the date of filing: date is listed, the date must be specific and calling.) e inserted in this block does not meet the application of State's recommend as registered agent to accept service of production and familiar with and accept the appointment as Repared Significate/Registered Agent | ble statutory filing requirements, this date will not less for the above stated corporation at the place of registered agent and agree to act in this capacity. Date The true, has aware that the fulse information su | esignati |
| Effective date, is (if an effective days after the f Note; If the dat the document's daying been not this certificate, it is submit this do document to the | EFFECTIVE DATE: f other than the date of filing: date is listed, the date must be specific and ca lling.) c inserted in this block does not meet the applica effective date on the Department of State's recor med as registered agent to accept service of pro am familiar with and accept the appointment as Required Significate/Registered Agent cument and affirm that the facts stated herein Department of State constitutes a third degree for ired Significant forms. | ble statutory filing requirements, this date will not list. The above stated corporation at the place of registered agent and agree to act in this capacity. The true, If an aware that the fulse information such as provided for in s. 817.155, F.S. | esignati |