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Division of Corporations

Fax Number : (350)617-6381

From:

Account Name : M. BURR KEIM COMPANY

Account Number : I)9990000242 : (215)563-8113 : (215)977-9386 Fax Number

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## FLORIDA PROFIT/NON PROFIT CORPORATION OCP1, Inc.

| Certificate of Status | 0       |
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Help

K. Brumbley

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

| The name of the corpora | ·  |                         | <del></del>                       |           |  |
|-------------------------|--|-------------------------|-----------------------------------|-----------|--|
| ARTICLE II PRINC        | CIPAL OFFICE Principal street address      |                         | Mailing address, if different is: |           |  |
| 9700 S. Dixie Highway   | , Suite 810                                | <u>9700 S. I</u>        | 9700 S. Dixie Highway, Suite 810  |           |  |
| Miami, FL 33156         |  | Miami, F                | FL 33156                          |           |  |
|                         |  |                         |                                   | _         |  |
| · -                     | Investm<br>he corporation is organized is: | ents into properties, b | usiness opportunities and other   | _         |  |
| opportunities           |  | <u> </u>                |                                   |           |  |
|                         |  |                         |                                   |           |  |
|                         |  |                         |                                   |           |  |
|                         |  |                         | 2018<br>SEC                       | _         |  |
|                         |  |                         | AEJ<br>AEJ                        |           |  |
|                         |  |                         | 27<br>ASS                         | _ <u></u> |  |
| ARTICLE IV SHARI        | ES vos                                     |                         | m <sup>−</sup> <                  | ŗ         |  |
| The number of shares of |  |                         | OF PK                             | ί         |  |
|                         |  |                         | L OR T                            |           |  |
| ARTICLE V INITIA        | L OFFICERS AND/OR DIRECTORS                |                         | 58 <b>5</b>                       |           |  |
| Name and Title          | Stephanie Neonakis, Director               | Name and Title          | Stephanie Neonakis. President     | _         |  |
| Address                 | 12601 Old Cutler Road                      | Address:                | 12601 Old Cutler Road             | _         |  |
|                         | Coral Gables, FL 33156                     |                         | Coral Gables, FL 33156            | _         |  |
|                         |  |                         |                                   | _         |  |
| Name and Title:         | Stephanie Neonakis, Secretary              | Name and Title:         | Stephanie Neonakis, Treasurer     | _         |  |
| Address                 | 12601 Old Cutler Road                      |                         | 12601 Old Cutler Road             |           |  |
|                         | Coral Gables, FL 33156                     |                         | Coral Gables. FL 33156            |           |  |
|                         |  | <u> </u>                |                                   | _         |  |
| Name and Title:         |  | Name and Title:         | ·                                 | _         |  |
| Address                 |  |                         |                                   |           |  |
|                         |  |                         |                                   | _         |  |
|                         |  |                         |                                   |           |  |

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| Name ar               | od Title:  | Name and Title:  |
|-----------------------|--|--|
| Address               |  | Address:   |
|                       |  |  |
| 40TIC1 F 1/1          | DECISTEDEN ACENT   |  |
|                       | REGISTERED AGENT<br>lorida street address (P.O. Box NOT acceptable)  | of the registered agent is:  |
| Name:                 | Bob Berney   |  |
| Address:              | 9700 S. Dixie Highway. Suite 810   |  |
|                       | Miami. FL 33156  | <del>-</del>   |
| ARTICLE VII           | INCORPORATOR   |  |
| The name and ac       | ddress of the Incorporator is:   |  |
| Name:                 | Stephanie Neonakis   |  |
| Address:              | 12601 Old Cutler Road  | <u>-</u>   |
|                       | Coral Gables, FL 33156   | _  |
| AOTICI E VIII         | FEEE/TIME DATE.  |  |
| Effective date, if    | Other than the date of filing:   | (OPTIONAL)   |
| (If an effective d    | late is listed, the date must be specific and cann   | ot be more than five days prior or 90 days after the                                       |
|                       | inserted in this block does not meet the applicable fective date on the Department of State's records  | e statutory filing requirements, this date will not be listed as                           |
| this certificate, I d | ned as registered agent to accept service of processing familiar with and accept the appointment as refamily for a like the service of processing familiar with and accept the appointment as refamily for a like the service of the se | } ,  |
|                       | l  |  |
| I submit this docu    | ument and affirm that the facts stated herein are<br>Department of State constitutes a third degree felot  | true. I am aware that the false information submitted in a syrvided for in s.817.155, F.S. |
| Steah                 | me Alonahis  | 2/26/2018  |
| Recruit               | red Signature Incorporator   | Date   |