

Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)694-1639

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

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
OREI Oakwood Springing Member, Inc.

| | |
|-----------------------|---------|
| Certificate of Status | 1 |
| Certified Copy | 1 |
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CORPORATIONS
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ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: ORBI Oakwood Springing Member, Inc.**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

888 Brickell Avenue, 3rd FloorMiami, FL 33131**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: Any and all purposes permitted by law.**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Jeronimo Hirschfeld, President

Name and Title: _____

Address: 888 Brickell Avenue, 3rd Floor

Address: _____

Miami, FL 33131

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

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|-----------------|-------|-----------------|-------|
| Name and Title: | _____ | Name and Title: | _____ |
| Address: | _____ | Address: | _____ |
| | _____ | | _____ |
| | _____ | | _____ |

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

| | |
|----------|--------------------------------|
| Name: | Jerónimo Hirschfeld |
| Address: | 888 Brickell Avenue, 3rd Floor |
| | Miami, FL 33131 |

ARTICLE VII INCORPORATORThe name and address of the incorporator is:

| | |
|----------|-----------------------------|
| Name: | Anthony L. Morrison |
| Address: | 7900 Glades Road, Suite 550 |
| | Boca Raton, FL 33434 |

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 Agent

7/24/18
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/Incorporator

7/24/18
Date