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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
Page Count	03
Estimated Charge	\$87.50

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2018 JUL 24 AM 9:13

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2018 JUL 24 PM 2:04
FLORIDA CORPORATION
REGISTRATION SERVICES



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

ARTICLE I NAME
The name of the corporation shall be: OREI Oakwood Springing Member, Inc.

ARTICLE II PRINCIPAL OFFICE
Principal street address _____ Mailing address, if different is: _____

888 Brickell Avenue, 3rd Floor _____
Miami, FL 33131 _____

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: Any and all purposes permitted by law.

ARTICLE IV SHARES 100
The number of shares of stock is: _____

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: _____

2018 JUL 24 AM 9:13
SICER BUSINESS SERVICES
TALLAHASSEE, FLORIDA

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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: Jeronimo Hirschfeld

Address: 888 Brickell Avenue, 3rd Floor

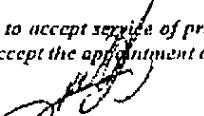
Miami, FL 33131
_____**ARTICLE VII INCORPORATOR**The name and address of the incorporator is:Name: Anthony L. Morrison

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 Agent7/24/18
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/Incorporator7/24/18
Date