Division of Corporations Electronic Filing Cover Sheet

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	Division of C			Tra
	Fax Number	: (850)617-638	1	An
From:				E SERVICES,
120.111	Account Name	: BLUMBERG/EXC	ELSICR CORPORAT	E SERVICES, 14
	Account Number	r: 075350000353		
	Phone	: (800)221-297	2	
	Fax Number	: (718)889-742	0	
er the email annual repor	rt mailings. En	nis business ent ter only one ema	ity to be used il address plea	for future ase.**

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\$70.00

## ARTICLES OF INCORPORATION

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

ARTICLE I NAME  The name of the corporati	ion shall be: OAKE HOLDINGS COR	<u></u>	
ARTICLE II PRINCI	IPAL OFFICE Principal <u>street</u> address	Mailing address 3 BEECHWOOD WAY	s, if different is:
BRIARCLIFF MANOR		BRIARCLIFF MANOF	NY 10510
ARTICLE III PURPO	ISE to engage in the corporation is organized is:	n any lawful act or activity for	
which corporations may			
			73.19
			2019 SEP 2
ARTICLE IV SHARE The number of shares of	<u>ES</u> 200 stock is:		3 M
ARTICLE V INITIA	L OFFICERS AND/OR DIRECTORS		9: 04 - 3.TE
Name and Title Address	MEJ SHIBATA/ Director 3 BEECHWOOD WAY	Name and Title: Address:	
	BRIARCI.IFF MANOR NY 10510		
Name and Title:			
Address			
			<del></del> -
Name and Title:		Name and Title:	<u>.</u>
Address			
<u>.</u>			

Name a	and Title:	Name and Title:	
Addre			
	<u>REGISTERED AGENT</u> Flo <u>rida street address</u> (P.O. Box NOT accepta	ole) of the registered agent is:	
	LUMBERGEXCELSIOR CORPOR		
Address:	155 Office Plaza Drive, 1st Fl.		
Acuicss.	Tallahassee, FL 32301		
<u>ARTICLE VII</u>	<u>INCORPORATOR</u>		
The name and	address of the Incorporator is:		
Name:	Veronica Gonzalez		
Address:	C/O Blumberg 16 Court Street		
	Brooklyn NY 11241		
Effective date.		. (OPTIONAL) cannot be more than five business days prior or 90 bus	iness
Note: If the dathe document's	ite inserted in this block does not meet the applieffective date on the Department of State's rec	cable statutory filing requirements, this date will not be li ords.	sted as
Having been n this certificate,	amed as registered agent to accept service of p I am familiar with and accept the appointment	rocess for the above stated corporation at the place design as registered agent and agree to act in this capacity	nated i
	Required Signature Registered Ager		ı
document to th	ocument and affirm that the facts stated herei e Department of State constitutes a third degree	n are true. I am aware that the false information submit felony as provided for in s.817.155, F.S.  Date	ted in     9