P2000061903

(Requestor's Name)
(Address)
` ,
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

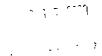




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SECRETARY OF STATE



CAPIȚAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

OIF CORP		
		
·····		
		Art of Inc. File
		LTD Partnership File
		Foreign Corp. File
		L.C. File
		Fictitious Name File
		Trade/Service Mark
	'	Merger File
		Art. of Amend. File
		RA Resignation
		Dissolution / Withdrawal
		Annual Report / Reinstatement
		Cert. Copy
		Photo Copy
		Certificate of Good Standing
		Certificate of Status
		Certificate of Fictitious Name
		Corp Record Search
		Officer Search
		Fictitious Search
Signature		Fictitious Owner Search
Signature		Vehicle Search
	_	Driving Record
Requested by: Seth		UCC 1 or 3 File
	T'	UCC 11 Search
Name Date	Time	UCC 11 Retrieval
Walk-In Will Pick U	p	Courier
174 Pander's Photing - Thom isville GA 8/00	r 	Counci

COVER LETTER

Department of State New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT: OIF CO	DRP.		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u> I	<u>UDE SUFFIX</u>)
Enclosed are an orig	inal and one (1) copy of the arti	cles of incorporation and	l a check for:
	☐ \$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL COPY REQUIRED	
 -	30 S. DADELAND BLVD., S		
-		Address	
<u>MI</u>	AMI, FLORIDA 33156	State & Zip	
30	5- 423 -1259		
	Daytime T	elephone number	<u> </u>
gre	eg@hslawfl.com		
	E-mail address: (to be use	d for future annual report	notification)

NOTE: Please provide the original and one copy of the articles.

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

	ion shall be: OIF CORP.			
	IPAL OFFICE Principal street address	,	Mailing address, i	f different is:
4 FISHER ISLAND DRIVE,			Lopez Mateos #103 (
MI BEACH, FLORIDA 331	09	Leon, Guana	ijuato Mexico 3700	10
				
TICLE III PURPO	<u>DSE</u> REAL EST	ATE HOLDINGS	•	
purpose for which the	he corporation is organized is: REAL EST.			
				 -
				25 K
				-
				25 SE
TICLE IV SHAR	ES			[T]
e number of shares of	stock is: 100			70
				<u></u>
RTICLE V INITIA	IL OFFICERS AND/OR DIRECTORS);;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;
	SALVADOR ONATE BARRON / DIRECTOR / PRESIDENT		Denisse Ibem Orozco	
Name and Title	2:	_ Name and Title	` <u></u>	<u> </u>
Address	Bivd Adolfo Lopez Mateos #103 Otal Col Centro	Address:	Bivd Adolfo Lopez Mateos #103 Ote, Col Centro	
	Leon, Guanajuato Mexico 37000		Leon, Guanajuato Mex	xo 37000
	Eeon, Guanajuato Mexico 37000	_		
				
Name and Title	:	Name and Title	e.	
ranc and ruc	·			
Address		_ Address:		
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	:	Name and Title	••	
Name and Title		_ ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	·	
Name and Title	- <u>-</u> -			
Name and Title		Address:		
		Address:		

Name and	Title:	Name and Title:	
Address		Address:	
		_	
	· · · · · · · · · · · · · · · · · · ·		
	REGISTERED AGENT orida street address (P.O. Box NOT acceptable) o	of the registered agent is:	
Name:	HERSKOWITZ SHAPIRO PLLC	<u>-</u>	
Address:	9130 S. DADELAND BLVD., SUITE 1609		
	MIAMI, FLORIDA 33156		
ARTIÇLE VII	<u>INCORPORATOR</u>		
The name and ad	Idress of the Incorporator is:		
Name:	GREG HERSKOWTZ	<u> </u>	
Address:	9130 \$ DADELAND BLVD , SUITE 1609	_	
	MIAMI, FLORIDA 33156	_	
Effective date, if	EFFECTIVE DATE: other than the date of filing: late is listed, the date must be specific and can	. (OPTIONAL) not be more than five days pric	or or 90 days after the
Note: If the date the document's e	inserted in this block does not meet the applicable frective date on the Department of State's record med as registered agent to accept service of process	s. s for the above stated corporation	at the place designated in this
certificate, I am J	familiar with and accept the appointment as regis	fered agent and agree to act in thi	
			08/14/2020
I submit this doc document to the	Required Signature/Registered Agent cument and affirm that the foots stated herein a Department of State constitutes a third degree fol	re true. I am aware that the fals ony as provided for in s.817.155,	Date se information submitted in a F.S.
	4444		08/14/2020
Required Signati	ure/Incorporator/	Date	;