

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)214-8442

**\*\*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  
OHANA ACQUISITIONS, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	04
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Corporate Filing Menu

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**COVER LETTER**

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

FILED  
2022 MAR -2 PM 2:57  
TALLAHASSEE, FLORIDA  
CLERK OF SUPERIOR COURT

**SUBJECT:** OHANA ACQUISITIONS, INC.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☒ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status  
**ADDITIONAL COPY REQUIRED**

**FROM:** KIM M MIRANDA  
Name (Printed or typed)  
2001 GROVE STREET  
Address  
WANTAGH, NY 11793  
City, State & Zip  
516-783-1515  
Daytime Telephone number  
KMIRANDA@ROSEDALEDRAPALA.COM  
E-mail address: (to be used 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)

## ARTICLE I NAME

The name of the corporation shall be: OHANA ACQUISITIONS, INC.

## ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

Mailing address, if different is:

5031 SE ASKEW AVENUE

STUART, FL 34997

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

## ARTICLE IV SHARES

The number of shares of stock is: 200

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JOHN MEYERS, PRESIDENT

Name and Title:

Address: 5031 SE ASKEW AVENUE

Address:

STUART, FL 34997

Name and Title:

Name and Title:

Address:

Address:

Name and Title:

Name and Title:

Address:

Address:

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CLERK OF DISTRICT COURT  
JACKSONVILLE, FLORIDA

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: JOHN MEYERS  
 Address: 5031 SE ASKEW AVENUE  
STUART, FL 34997

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: KIM M MIRANDA  
 Address: 2001 GROVE STREET  
WANTAGH, NY 11703

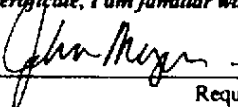
**ARTICLE VIII EFFECTIVE DATE:**

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

03/01/2022

\_\_\_\_\_  
 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

03/01/2022

\_\_\_\_\_  
 Date

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