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Florida Department of State
Division of Corporations
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**FLORIDA PROFIT/NON PROFIT CORPORATION
V M OAKLAND GROUP CORP.**

Certificate of Status	0
Certified Copy	1
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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: V M OAKLAND GROUP CORP.**ARTICLE II PRINCIPAL OFFICE**Principal street address830 W. 53rd ST.
HIALEAH, FL 33012

Mailing address, if different is:

830 W. 53rd ST.
HIALEAH, FL 33012**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: SHARES: 100 @ \$1.00**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: VIDAL MORENO - P

Name and Title: _____

Address 830 W. 53rd ST.
HIALEAH, FL 33012

Address: _____

Name and Title: FRANK MORENO - VP

Name and Title: _____

Address 830 W. 53rd ST.
HIALEAH, FL 33012

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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

Name: VIDAL MORENO
 Address: 830 W. 53rd ST.
HIALEAH, FL 33012

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: VIDAL MORENO
 Address: 830 W. 53rd ST.
HIALEAH, FL 33012

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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*

/s/ Vidal Moreno
 Required Signature/Registered Agent

 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.

/s/ Vidal Moreno
 Required Signature/Incorporator

 Date