

P22000086765

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H22000394791 3)))



H220003947913AFC4

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

****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
OCLA GROUP, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

2022 NOV 18 PM 4:43

2022 NOV 18 PM 12:43

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

D. O'KEEFE

NOV 21 2022

ARTICLES OF INCORPORATION
In compliance with Chapter 607 (Profit)**ARTICLE I NAME:** The name of the corporation is:OCLA GROUP, INC.**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

4990 SW 72 AVE., SUITE 100MIAMI, FL., 33155**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**ORLANDO COMAS (P)4990 SW 72 AVE., SUITE 100MIAMI, FL., 33155**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

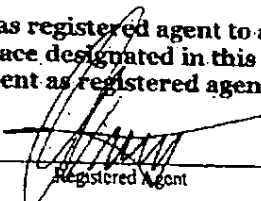
The name and Florida street address (PO Box not acceptable) of the registered agent is:

ORLANDO COMAS4990 SW 72 AVE., SUITE 100MIAMI, FL., 33155**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:ORLANDO COMAS4990 SW 72 AVE., SUITE 100MIAMI, FL., 33155FILED
CLERK OF DISTRICT COURT
DADE COUNTY, FLORIDA

2022 NOV 18 PM 12:43

Required Signatures:

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

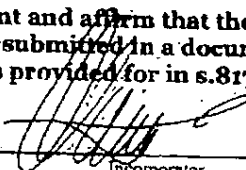


Registered Agent

11/18/2022

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.



Incorporator

11/18/2022

Date

FILED
2022 NOV 18 PM 12:43
STATE DEPT. OF STATE
TALLAHASSEE, FLORIDA