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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 OGL GOMEZ CORP

Certificate of Status	0
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ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:
OGL GOMEZ CORP
ARTICLE II PRINCIPAL OFFICE:
The principal street address and mailing address is: 106655W 1905T MiAMIFL 33159 Suite 3209
ARTICLE III SHARES: The number of shares of stock is:
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS: 106655W 1905T MIDMIFL 33455 PE SUITE 3209 ES OSVAldo GOMEZ LORCHZO FELS TO THE TENTE OF THE TENTE
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS: The name and Florida street address (PO Box not acceptable) of the registered agent is: 6 SVA 6 Goder Longhzo 10665 SW 190 St Miomi FC 37159 Suite 3209
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:
10665 SW 19087 DIAPIFE 23159
Suite 3209

EIN: 99-4556303.

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 8.20 - ACOSTO

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 Eate

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