

# P95000045639

## TRANSMITTAL LETTER

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
P O BOX 6327  
TALLAHASSEE FL 32314

JUNE 1, 1995  
DATE: \_\_\_\_\_

OCEANAIRE INN CORPORATION  
SUBJECT-- \_\_\_\_\_

ENCLOSED IS AN ORIGINAL AND ONE (1) COPY OF THE ARTICLES  
OF INCORPORATION AND A CHECK FOR:

\_\_\_\_\$70.00 FILING FEE

\_\_\_\_\$78.75 FILING FEE &  
CERTIFICATE

XXX

\_\_\_\_\$122.50 FILING FEE &  
CERTIFIED COPY

\_\_\_\_\$131.25 FILING FEE,  
CERTIFIED COPY, &  
CERTIFICATE

JUAN ALVAREZ  
FROM: \_\_\_\_\_

NAME  
201 SW THORNHILL DR

ADDRESS  
PT ST LUCIE FL 34984

CITY STATE & ZIP  
407-871-5762

DAYTIME TELEPHONE NUMBER  
\_\_\_\_\_

500001507175  
-06/07/95--01056--020  
\*\*\*\*122.50 \*\*\*\*122.50

NOTE: PLEASE PROVIDE THE ORIGINAL AND ONE COPY OF THE  
ARTICLES.

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95 JUN -6 PM 12:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION  
OF

OCEANAIRE INN CORPORATION

ARTICLE I NAME

The name of the corporation shall be:

OCEANAIRE INN CORPORATION

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of  
this corporation shall be:

OCEANAIRE INN CORPORATION

1021 21st ST

VERO BEACH FL 32960

ARTICLE III CAPITAL STOCK

The number of shares of stock that this corporation is  
authorized to have outstanding at any one time is:

1000 (ONE THOUSAND)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

JUAN ALVAREZ

201 SW THORNHILL DR

PT ST LUCIE FL 34984

ARTICLE V INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation is:

JUAN ALVAREZ

201 SW THORNHILL DR

PT ST LUCIE FL 34984

The undersigned has executed these Articles of Incorporation this 1 day of JUNE, 1995.

  
JUAN ALVAREZ, Incorporator

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

95 JUN - 6 PM 12:22

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CERTIFICATE OF DESIGNATION

REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designation of the registered office/registered agent, in the State of Florida.

1. The name of the corporation is:

OCEANAIRE INN CORPORATION

2. The name and address of the registered agent and office is:

JUAN ALVAREZ

201 SW THORNHILL DR

PT ST LUCIE FL 34984

Signature: \_\_\_\_\_

INCORPORATOR

Title: \_\_\_\_\_

Date: 6/01/75

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

Signature: \_\_\_\_\_

Date: 6/01/75

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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