## P95000067178

### TRANSMITTAL LETTER

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

1 CICODO 1 5 7 Sid 5 1 -08/30/95--01006--011 \*\*\*\*131.25 \*\*\*\*131.25

SUBJECT:	0.P.C.N.Y., 1	NC.		्रा स्म
Enclosed is an origina		name - must include su opy of the articles o	·	함 전 Check
for :  []] \$70.00  Filing Fee	Filing Fee & Certificate	Filing Fee & Certified Copy Additional Copy	[x] \$131.25 Filing Fee, Certified Copy & Certificate y Required	
FROM:	FARSHAD MA	RZBAN		
	Name	(printed or typed)		
	35 WEST 39	th STREET		
	Address			
	NEW YORK, N.Y. 10018			
	Cit	City, State & Zip		
	(212)921-0135			
	Daytime	Telephone number		

NOTE: Please provide the original and one copy of the articles.

#### ARTICLES OF INCORPORATION



95 AMR 30 PM 3: 00

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

#### ARTICLE I NAME

The name of the corporation shall be:

O.P.C.N.Y., INC.

#### ARTICLE II PRINCIPAL OFFICE

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

297 N.E. SECOND AVENUE, MIAMI, FLORIDA 33132

#### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: TWO HUNDRED (200.) WITH NO PAR VALUE.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

FARSHAL MARZBAN 680 N.E. 64th STREET, MIAMI, FLORIDA 33138

#### ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

FARSHAD MARZBAN 680 N.E. 64th STREET MIANI, FLORIDA 33138

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

day of AUGUST , 19 95

PRESIDENT

Signature

VICE PRESIDENT

Signature

Signature

Signature

Signature

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

# CERTIFICATE OF DESIGNATION OF THE TAX OF THE CHARLES REGISTERED AGENT/REGISTERED OFFICE 95/113/30 PM 3:00

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 DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

I. The name of the corporation is:	O.P.C.N.Y., INC.
2. The name and address of the re	egistered agent and office is:
FARSHAD MA	
	(NAME)
<u> 660 N.E. 6</u> (Р.О.	41.h STREET Box of Mail Drop Box NOT ACCEPTABLE)
MLAMI, FLO	RIDA 33138 (City/State/Zip)

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 <sup>7</sup> am familiar with and accept the obligations of my position as registered agent.

AUGUST 28, 1995
(SIGNATURE) (DATE)