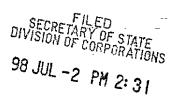
Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT:	The Ohhzee	Company porate name - must include su	C*	
	(Proposed cor	_	x) 00002578	860
			-07/02/98 *****78.7	01038008 'S *****78
Enclosed is an original a	and one(1) copy of the artic	cles of incorporation and a	check for	_
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	□\$122.50 Filing Fee & Certified Copy	\$131.25 Filing Fee, Certified Copy & Certificate	
	ADDITIONAL COPY REQUIRED			
FROM:	Humberto Car Name	Clos Valdes (Printed or typed)		
_	8840 Su	1 68 CT Apt E-8 Address	<u>,                                      </u>	1
	Miani Fl	33156 y, State & Zip		
		740-8025		
	Daytime	Telephone number	······································	

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



#### ARTICLES OF INCORPORATION

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

#### ARTICLE I NAME

The name of the corporation shall be:

The Ohhzee Company

# ARTICLE II PRINCIPAL OFFICE

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

PO BOX 562243, Miami FC 33256

#### ARTICLE III SHARES

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

1000

# <u>ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS</u>

The name and Florida street address of the initial registered agent are:

Vanessa Valdes 8840 SW 68Ct, Apt E-8, Miami FL 33156

### ARTICLE V INCORPORATOR

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

Humbertoclaides 8840 SW G8Ct, APT E-8, Miami FL33156

Signature/Incorporator

Dete

(An additional article must be added if an effective date is requested.)

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/Registered Agent

Date