

P980000071796

TRANSMITTAL LETTER

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

300002603043--4
-07/30/98--01078--005
*****78.75 *****78.75

SUBJECT: OVIVADS INC.
(Proposed corporate name - must include suffix)

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

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

Additional Copy Required

FROM: VERNON N. MEDINA
Name (printed or typed)

5720 SAN AMARO DR
Address
CORAL GABLES,
MIAMI, FLORIDA, 33146
City, State & Zip

305 667-8933
Daytime Telephone number

FILED
98 AUG 18 AM 9:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

9N8-18-98



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

August 4, 1998

VERNON N. MEDINA
5720 SAN AMARO DR.
CORAL GABLES, FL 33146

SUBJECT: OVIVADS INC.
Ref. Number: W98000017664

We have received your document for OVIVADS INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent and street address must be consistent wherever it appears in your document.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6878.

John Nedeau
Document Specialist

Letter Number: 798A00040732

ARTICLES OF INCORPORATION

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:

OVIVADS INC.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

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

**5720 SAN AMARO DRIVE, CORAL GABLES,
MIAMI, FLORIDA, 33146.**

ARTICLE III SHARES

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

1000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

**VERNON. N. MEDINA.
5720 SAN AMARO, DR
CORAL GABLES, MIAMI,
FLORIDA, 33146.**

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):

VERNON. N. MEDINA

5120 SAN AMARO DR

CORAL GABLES, MIAMI

FLORIDA 33146

SHEILA R. MEDINA

5120 SAN AMARO, DR

CORAL GABLES, MIAMI

FLORIDA, 33146

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

22 day of July, 19 98.

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

Vernon N. Medina (PRESIDENT)
Signature

Sheila R. Medina SECRETARY/TREASURER
Signature

Signature

Notarization is not required

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

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

1. The name of the corporation is:

O V I V A D S . I N C .

5720 SAN AMARO DR. CORAL GABLES, MIA FLA 33146

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

VERNON. N. MEDINA
(NAME)

5720 SAN AMARO DRIVE
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

CORAL GABLES, MIAMI - FLORIDA 33146
(CITY/STATE/ZIP)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

98 AUG 18 AM 9:06

FILED

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.

Vernon. N. Medina
(SIGNATURE)

8/22/98
(DATE)