

OFFICE USE ONLY (Document #)

LAZARUS CORPORATE FILING SERVICE, INC.

(Requestor's Name)

3320 S.W. 87th AVENUE

(Address)

MIAMI, FLORIDA (305)552-5973

(City, State, Zip) (Phone #)

LOCAL REPRESENTATIVE TALLAHASSEE

400002737824--5

-01/12/99--01039--016

\*\*\*\*\*78.50 \*\*\*\*\*78.50

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. OCB, Inc.  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

- ☒ Walk in ☒ Pick up time 2:00 ☒ Certified Copy
- ☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

RECEIVED  
99 JAN 12 AM 11:09  
DIVISION OF CORPORATION

FILED

99 JAN 12 PM 1:37  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Examiner's Initials

**ARTICLES OF INCORPORATION**

**ARTICLE I, NAME**

The name of this corporation is **OCB, Inc.**

**ARTICLE II, NATURE OF BUSINESS**

**OCB, Inc.** is organized for the purpose of transacting any lawful business for which corporations may be formed in Florida.

**ARTICLE III, TERM OF EXISTENCE**

The duration of **OCB, Inc.** is perpetual.

**ARTICLE IV, CAPITAL STOCK**

**OCB, Inc.** is authorized to issue 100 shares of common stock, par value \$1.00 per share.

**ARTICLE V, ADDRESS**

The principle address of **OCB, Inc.** is:

2581 NW 74th Ave  
Miami, Fl 33122

and the name of the initial registered agent of this corporation at this address is  
**Rafael Ronderos.**

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TALLAHASSEE FLORIDA

**ARTICLE VI, INITIAL DIRECTORS**

**OCB, Inc.** shall have one (1) directors, and the number of directors may be changes as provided in the bylaws, but shall never be less than one. The name and address of the initial directors are:

Rafael Ronderos  
9350 SW 75th St  
Miami, Fl 33173

President  
Director

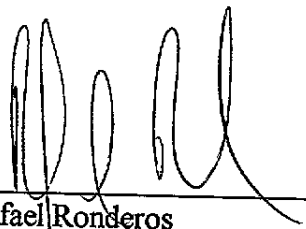
**ARTICLE VII, INCORPORATOR**

The name and addresses of the incorporator of this corporation is:

Rafael Ronderos  
9350 SW 75th St  
Miami, Fl 33173

IN WITNESS WHEREOF ,the undersigned has executed these Articles of Incorporation this 23rd day of December 1998.

STATE OF FLORIDA )  
COUNTY OF DADE )

  
\_\_\_\_\_  
Rafael Ronderos  
Incorporator

Before me, a notary public authorized take acknowledgments in the state and county seats above, personally appeared Rafael Ronderos, known to me and known by me to be the person(s) who executed the foregoing Articles of Incorporation, and the acknowledge before me that they executed those Articles of Incorporation.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, in the state and county aforesaid, this 23rd day of December 1998.

\_\_\_\_\_  
NOTARY PUBLIC  
STATE OF FLORIDA AT LARGE

My Commission Expires:

**ACCEPTANCE OF APPOINTMENT**

**OF**

**REGISTERED AGENT**

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: OCB, Inc.

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

Rafael Ronderos

9350 SW 75th St

Miami, FL 33173

SIGNATURE 

TITLE PRESIDENT

DATE December 23, 1998

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 THE CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISION 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 December 15, 1998

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CLERK OF STATE  
TALLAHASSEE FLORIDA