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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 922-4001

From:

Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA PROFIT CORPORATION OR P.A.

OTTO OLIVA, INC.

Certificate of Status	0
Certified Copy	1
Page Count	03
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ARTICLES OF INCORPORATION
OF

OTTO OLIVA , INC.

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:

OTTO OLIVA, INC.

ARTICLE II PRINCIPAL OFFICE

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

**3300 S.W. 25th STREET
MIAMI, FL 33133**

ARTICLE III CAPITAL STOCK

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

FIVE (500) HUNDRED SHARES @ \$1.00/PAR VALUE

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

**OTTO OLIVA
3300 S.W. 25th STREET
MIAMI, FL 33133**

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ARTICLE V INCORPORATOR(S)

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

**OTTO OLIVA
3300 S.W. 25th STREET
MIAMI, FL 33133**

The undersigned has(have) executed these Articles of Incorporation this 2nd day
of JULY, 19 99.



OTTO OLIVA - P/V/P/T/S/D

Signature/Title

Signature/Title

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, 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.

The name of this corporation is

OTTO OLIVA, INC.

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

OTTO OLIVA

(NAME)

3300 S.W. 25th STREET

(P.O. BOX NOT ACCEPTABLE)

MIAMI, FL 33133

(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 APOINTMENT 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 POSOTION AS REGISTERED AGENT.

SIGNATURE

DATE

PREPARED BY: QUALITY ACCOUNTING & GENERAL SERVICES CORP.
6855 N.W. 36th STREET, SUITE 328
VIRGINIA GARDEN'S, FL 33166-6975

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