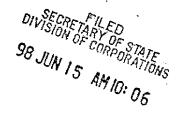
Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: O2	CORPOR	RATION		
	pposed corporate	name - must include su	300002	2 <b>55979</b> 3 5/9801072- 122.50 ****1
Enclosed is an original for:  \$70.00 Filing Fee		\$122.50 Filing Fee & Certified Copy  Additional Copy	\$131.25 Filing Fee, Certified Copy & Certificate	nd a check
FROM:	·	4 V. Osma (printed or typed)	N	-
'		Address  FILSBURG F  Y, State & Zip		, ,
	(813)	577 - 444/ Telephone number		

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



## 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:

OZ CORPORATION

#### ARTICLE II PRINCIPAL OFFICE

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

117 83RD AVE. NORTH ST PETERSAURG, FL 33702

## ARTICLE III SHARES

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

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and address of the initial registered agent is:

JOSEPH V DSMAN 117 13RD AVE. NORTH ST PETERSBURG, FL 33702

#### 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):

JOSEPH V. OSMAN 117 BBRD AVE. NORTH ST PETERSBURG, FL 33702

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

574 day of JUNE , 19 98.

Signature

Signature

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





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:	OD CORPORATION
2.	. The name and address of the re	gistered agent and office is:
	JOSEPH	(NAME)
		3RD AVE NORTH Box or Mail Drop Box NOT ACCEPTABLE)
	5T PET	CHY/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 I am familiar with and accept the obligations of my position as registered agent.

(SIGNATURE)

(DATE)