

PO3000035964

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

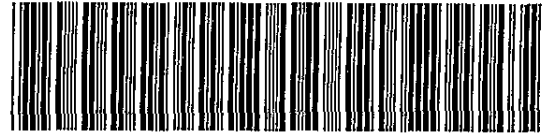
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500014436345

03/24/03--01050--012 **78.75

03 MAR 24 PM 3:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

MAR 31 2003

TRANSMITTAL LETTER

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

SUBJECT: ONI EXPRESS CORPORATION
(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: Onilda Urbina Tréminio
Name (Printed or typed)

1701 West Flagler St., Suite #206
Address

Miami, Fl. 33135
City, State & Zip

305-541-0033
Daytime Telephone number

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

Type Or
Print In
Black In

ARTICLES OF INCORPORATION

DEPARTMENT OF
HEALTH

I, 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.

FULL NAME

CHILD'S NAME

MOTHER'S
MAIDEN NAME

ARTICLE I NAME

The name of the corporation shall be:

MOTHER'S

ONI EXPRESS CORPORATION

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03 MAR 24 PM 3:37

FILED

for record with
on completion

NOTE: If
this form
of the am
If married

ARTICLE II PRINCIPAL OFFICE

"We Her principal place of business and mailing address of this corporation shall be:

Child Name

[DH 432

1701 West Flagler St., Suite #206
Miami, Florida 33135

FULL NAME

NATURAL
FULL NAME

FATHER'S

DATE OF B
OF FATHER

ARTICLE III SHARES

MAILING A
OF FATHER

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

ONE THOUSAND (1,000) SHARES AT ONE DOLLAR (\$1.00) PER VALUE

RESIDENC
OF FATHER

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

name and address of the initial registered agent is:

PLACE WH

Onilda Urbina Treminio

163 East 58 St.

Hialeah, Fl. 33013

Signature of Na

State of Flo

Sworn to an

day of

DLTH

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):

Onilda Urbina Treminio , President
163 East 58 St.
Hialeah, Fl. 33013

Type Or
P
B
FUL
CHIL
MOT
MAIL
MOT
NOT
of th
If m
We
Chil
[DH
FULL
NATU
FULL
FATH
DATE
OF FA
MAIL
OF FA
RESI
OF FA
PLAC
Signat
State
Sworn
day of

cord with
mpletor

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

18th day of March, 2003

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

Handwritten signature of Onilda Urbina Treminio

Signature

Signature

Signature

Notarization is not required

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

