

From:

02/11/2016 10:40:32 P.001/003

P160000014035

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H16000035810 3))



H160000358103ABCY

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 617-6381

From: Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 075350000353
Phone : (800) 221-2972
Fax Number : (888) 692-9256

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
ONEDEVELOPERWAY INC.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

16 FEB 11 PM 12:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 FEB 11 AM 11:54

FILED

From:

02/11/2016 09:40

#232 P.002/003

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED
2016 FEB 11 AM 11:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME
The name of the corporation shall be: ONEDEVELOPERWAY INC

ARTICLE II PRINCIPAL OFFICE
Principal ~~street~~ address
5801 TOWN BAY DRIVE APT 629
BOCA RATON, FL 33486

Mailing address, if different is:

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: general

ARTICLE IV SHARES 200
The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: CENGIZ ILERLER DIR & PRES
Address: 5801 TOWN BAY DRIVE APT 629
BOCA RATON, FL 33486

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

From:

02/11/2016 09:41

#232 P.003/003

Name and Title:	_____	Name and Title:	_____
Address:	_____	Address:	_____
	_____		_____
	_____		_____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: CENGIZ ILERLER

Address: 5801 TOWN BAY DRIVE APT. 629

BOCA RATON, FL 33486

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: CENGIZ ILERLER

Address: 5801 TOWN BAY DRIVE APT 629

BOCA RATON, FL 33486

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Required Signature/Registered Agent

2/10/16

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.153, F.S.

Required Signature/Incorporator

2/10/16

Date