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# P22000021487

## Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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FLORIDA DEPARTMENT OF STATE  
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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### FLORIDA PROFIT/NON PROFIT CORPORATION ALLINONE DIST INC

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 1       |
| Page Count            | 03      |
| Estimated Charge      | \$78.75 |

416

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

**ARTICLE I NAME**

The name of the corporation shall be: ALLINONE DIST INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

217 SW 17 AVE SUITE 216 B

\_\_\_\_\_

MIAMI, FL 33135

\_\_\_\_\_

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: FERNANDO RODRIGUEZ DUQUESNE (P) Name and Title: \_\_\_\_\_

Address 217 SW 17 AVE SUITE 216 B Address: \_\_\_\_\_

MIAMI, FL 33135 \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

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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: FERNANDO RODRIGUEZ DUQUESNE  
 Address: 217 SW 17 AVE SUITE 216 B  
MIAMI, FL 33135

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: FERNANDO RODRIGUEZ DUQUESNE  
 Address: 217 SW 17 AVE SUITE 216 B  
MIAMI, FL 33135

**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 days prior or 90 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*

*/s/ Fernando Rodriguez Duquesne* 03/22/2022  
 Required Signature/Registered Agent 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.817.155, F.S.*

*/s/ Fernando Rodriguez Duquesne* 03/22/2022  
 Required Signature/Incorporator Date

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