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DIVISION OF CORPORATIONS
15 MAR 13 AM 11:42

03/17/15

COVER LETTER

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

SUBJECT: One Way, One Mission Inc
(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 of
Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Giodardo Del Campo P.
Name (Printed or typed)

14241 sw 120 st, suite 101
Address

Miami, Fl, 33186
City, State & Zip

786-470-7166
Daytime Telephone number

gdcampo@gadalenterprises.us
E-mail address: (to be used for future annual report notification)

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

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: One Way, One Mission Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address:

14241 sw 120 st, suite 101, Miami, Fl, 33186

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: training business people, leadership conferences, helping Christian ministries

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: Election

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Giodardo Del Campo</u>	Name and Title:	<u>Tamara Garcia</u>
Address	<u>14241 sw 120 st, suite 101</u>	Address:	<u>14241 sw 120 st, suite 101</u>
	<u>Miami, Fl, 33186</u>		<u>Miami, Fl, 33186</u>
	<u>President</u>		<u>Vice-President</u>

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: _____

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: Giodardo Del Campo
Address: 14241 sw 120 st, suite 101
Miami, Fl, 33186

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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Giodardo Del Campo
Address: 14241 Sw 120 st, suite 101
Miami, Fl, 33186

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 of Registered Agent

02/24/2015

Date

I submit this document and affirm that the facts stated herein are true. I am aware that any 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.

Required Signature of Incorporator

02/24/2015

Date