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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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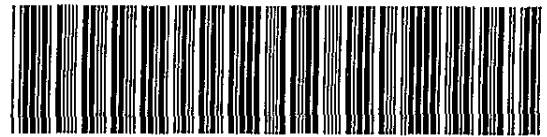
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03 MAR 24 PM 3:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 Treminio
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

DEPARTMENT OF HEALTH OFFICE OF VITAL STATISTICS

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

ONLINE EXPRESS CORPORATION

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FILED

on record with
completion

NOTE: If
this form
of the am
If married

ARTICLE II PRINCIPAL OFFICE

"We hereby 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

the

"

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 WHERE

Onilda Urbina Tremblé

163 East 58 St.

Hialeah, Fl. 33013

Signature of Na

State of Flo

Sworn to on
day of

Personally Known _____ OH Produced Identification _____

Personally Known _____

OR Produced Identification _____

Type Or

DEPARTMENT OF HEALTH OFFICE OF VITAL STATISTICS

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

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Signature

State

Sworn
day of

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.)


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.

Personally Known OR Produced Identification

Personally Known OR Produced Identification

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

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 ONI EXPRESS CORPORATION

2. The name and address of the registered agent and office is:

ONI EXPRESS CORPORATION

(NAME)

163 East 58 St.

(P. O. Box or Mail Drop Box **NOT** ACCEPTABLE)

Hialeah, Fl. 33013

(CITY/STATE/ZIP)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)

March 18, 2003
(DATE)