

P12000/04012

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

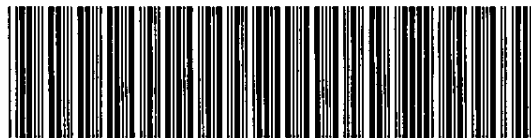
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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12 DEC 26 PM 2:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K 12/28/12

## COVER LETTER

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

SUBJECT: **ONE DISTRIBUTORS INC**

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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 of  
Status

**ADDITIONAL COPY REQUIRED**

FROM: **ORLANDO SEGARRA**

Name (Printed or typed)

**3440 SW 149 AVENUE**

Address

**MIAMI, FL 33185**

City, State & Zip

**786-346-8518**

Daytime Telephone number

**onedistributors1@gmail.com**

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 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME**

The name of the corporation shall be: **ONE DISTRIBUTORS INC**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
3440 SW 149 AVENUE  
MIAMI, FL 33185

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: **INTERNET SALES**

**ARTICLE IV SHARES**

The number of shares of stock is: **100**

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

Name and Title: **ORLANDO JESUS SEGARRA**

Address: **3440 SW 149 AVENUE**

**MIAMI, FL 33185**

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

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

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

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

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

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

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

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

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

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

**ARTICLE VI REGISTERED AGENT**

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

Name: **ORLANDO JESUS SEGARRA**

Address: **3440 SW 149 AVENUE**

**MIAMI, FL 33185**

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

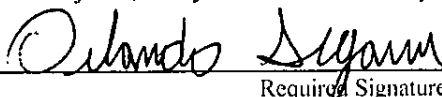
Name: **ORLANDO JESUS SEGARRA**

Address: **3440 SW 149 AVENUE**

**MIAMI, FL 33185**

**FILED**  
**12 DEC 26 PM 2:35**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

*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*

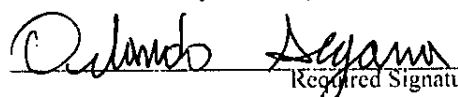


Required Signature/Registered Agent

12/21/2012

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.*



Required Signature/Incorporator

12/21/2012

Date