# P1300040583

(Re	equestor's Name)			
(Ad	dress)	<u></u>		
(Ad	ldress)			
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only

6439-631916CXXXX51W



600246541826

04/12/13--01017--013 \*\*78.75

DIVISION OF CORPORATION

13 HAY - I PM 3: 12

or 5/10/13

# **COVER LETTER**

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

SUBJECT: One	e Trust, Inc.			
	(PROPOSED CORPORA	TE NAME – MUST INCL	UDE SUFFIX)	
Enclosed are an orig	rinal and one (1) copy of the art	icles of incorporation and	l 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 CO	PY REQUIRED	
FROM:	Mark C. Leath  Name  D960 Myrtlewood	e (Printed or typed)		-~.
		Address	<b>=</b>	SIVIE
P	ort St. Lucie, Fl 3	34986		EN OF
	City,	State & Zip		S.
77	72-370-3045		 	POR
	Daytime T	elephone number		ATIO
lea	athm@aol.com			SKS
···-	E-mail address: (to be use	d for future annual report i	notification)	

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





# FLORIDA DEPARTMENT OF STATE Division of Corporations

April 15, 2013

MARK C. LEATH 10960 MYRTLEWOOD LANE PORT ST. LUCIE, FL 34986

SUBJECT: ONE TRUST, INC. Ref. Number: W13000021962

RECEIVED

13 MAY -1 PM 2: 01

INVESTIGATION OF COMMISSION OF COMMISSION

We have received your document for ONE TRUST, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director titleinformation. http://www.sunbiz.org/titledef.html.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 713A00008949

13 MAY - 1 PM 3: 12

#### **ARTICLES OF INCORPORATION**

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

13 MAY - 1 PM 3: 12

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

#### ARTICLE I NAME

The name of the corporation shall be: One Trust, Inc

ARTICLE II PRINCIPAL OFFICE Principal street address

Mailing address, if different is:

221 S.E. Waterside Professional Bldg. Stuart, FI 34994-2175

#### ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The primary purpose of One Trust, Inc. is the restoration, construction and beautification of the Ave. D. corridor in Fort Pierce, Florida. The organization is owned and operated by members who live or operate businesses in and around the City of Fort Pierce.

#### ARTICLE IV SHARES

The number of shares of stock is:100

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

Name and Title: Marjorie Williams V Name and Title: Lorenzo Williams D 966 N.W. Bayshore Blvd Address P.O. Box 3390 Address: Fort Pierce Florida 34948 Port St. Lucie Fl 34983 Name and Title Mark Leath Name and Title: Wesley Parry 10960 Myrtlewood Lane Address P.O. Box 9201 Address Port St. Lucie Fl 34986 Port St. Lucie Fl 34985 Name and Title: Larry Lee Jr. S Name and Title: Margaret Benton P.O. Box 939 Address: P.O. Box 3004 Address Fort Pierce Fl 34954 Fort Pierce Fl 34948 Name and Title: James Brown Name and Title: David Fiddis D Address

5200 Matanzas Ave Address: 2717 Somber Rd Fort Pierce, FI 34950 Port St. Lucie Fi 34953

## ARTICLE VI REGISTERED AGENT

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

Name:

Lorenzo Williams

Address:

221 S.E. Osceola Street (Waterside Professional Bldg)

Stuart, Fl. 33994-2175

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name:

Mark Leath

Address:

10960 Myrtlewood Lane

Port St. Lucie Fl 34986

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

	Mille	
Required Signature/Registered Agent		Date: April 7, 2013
	•	e. I am aware that the false information d degree felony as provided for in s.817.155,
F.S.	Lai Q	
Required Signature/Incorporator	W ON CLEAN	Date: April 8, 2013

13 MAY -1 PH 9: 12