

From:

Division of Corporations

09/26/2013 10:22

#528 001/003

Page 1 of 1

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 075350000353
Phone : (800) 221-2972
Fax Number : (888) 692-9256

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
ONE STOP MICRO INC.

Certificate of Status	0
Certified Copy	0
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13 SEP 26 AM 10:59

09/26/2013 10:22

#520 P.002/003

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 Stop Micro Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

7185 W 10 CT.

Hialeah, FL 33014

Mailing address, if different is:

7185 W 10 CT.

Hialeah, FL 33014

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to engage in any lawful act or activity for which corporations may be organized.

ARTICLE IV SHARES 200

The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Salas Guillermo/Director Name and Title: _____

Address 7185 W 10 CT. Address: _____
Hialeah, FL 33014

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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(cont.)

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: Salas Guillermo
Address: 7185 W 10 CT.
Hialeah, FL 33014

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Salas Guillermo
Address: 7185 W 10 CT.
Hialeah, FL 33014

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

Salas Guillermo
Required Signature/Registered Agent

9/26/2013
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.817.153, F.S.

Salas Guillermo
Required Signature/Incorporator

9/26/2013
Date