

P13000083441

Division of Corporations

Page 1 of 1

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H13000225163 3)))



H130002251633ABCX

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

FILED
13 OCT -9 AM 11:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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
ONB, CORP

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

60723

RECEIVED
13 OCT -9 PM 2:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

MD 10/10

H1300002514

3

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: ONB, CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address

17801 North Bay Rd Apt 407
Sunny Isles, FL. 33160

Mailing address, if different is:

17801 N. Bay Rd # 407
Sunny Isles, FL. 33160

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any Legal Business / Activity
Permitted in the State of Florida.

FILED
18 OCT -9 AM 11:42
CLERK OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 100 (one hundred)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Manuel A. PEREYRA (P)
Address: 17801 North Bay Rd
Apt 407
Sunny Isles, FL 33160

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

H13000225143

(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: Manuel A. PEREYRA
Address: 17801 N Bay Rd # 407
Sunny Isles, FL. 33160

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Manuel A. PEREYRA
Address: 17801 N Bay Rd # 407
Sunny Isles, FL 33160

FILED
13 OCT -9 AM 11:42
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

[Signature]
Required Signature/Registered Agent

10/08/2013

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.817.155, F.S.

[Signature]
Required Signature/Incorporator

10/08/2013

Date