

AB00000913054

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

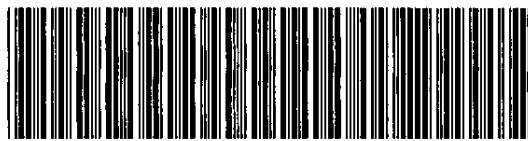
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE FLORIDA

COVER LETTER

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

SUBJECT: Ozzie's distributors corp.
(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 \$78.75
Filing Fee Filing Fee
 & Certificate of Status

\$78.75 \$87.50
Filing Fee Filing Fee,
 & Certified Copy Certified Copy
 & Certificate of & Certificate of
 Status Status

ADDITIONAL COPY REQUIRED

FROM: Osvaldo Hernandez
Name (Printed or typed)

1701 SW Commerce Ave.
Address

Port St. Lucie, FL 34953
City, State & Zip

(772) 342-8262
Daytime Telephone number

mengua05@yahoo.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: Ozzie's distributors corp.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1701 SW Commerce Ave.
Port St. Lucie, FL 34953

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: wholesale

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Osvaldo Hernandez Name and Title: _____
Address: (President) Address: _____
1701 SW Commerce Ave.
Port St. Lucie, FL 34953

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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TALLAHASSEE FLORIDA

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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: Osvaldo Hernandez
Address: 1701 SW. Commerce Ave.
Port St. Lucie, FL 34953**ARTICLE VII INCORPORATOR**The name and address of the incorporator is:Name: Osvaldo Hernandez
Address: 1701 SW. Commerce Ave.
Port St. Lucie, FL 33953*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*OB

Required Signature/Registered Agent10/23/2013

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.*OB

Required Signature/Incorporator10/23/2013

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