



## 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 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: Oswaldo 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:	<u>Oswaldo Hernandez</u>	Name and Title:	
	<u>(President)</u>		
Address	<u>1701 SW Commerce Ave.</u>	Address:	
	<u>Port St. Lucie, FL 34953</u>		

Name and Title:		Name and Title:	
Address		Address:	

Name and Title:		Name and Title:	
Address		Address:	

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

(conti.)

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: Oswaldo Hernandez  
Address: 1701 SW. Commerce Ave.  
Port St. Lucie, FL 34953

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Oswaldo 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*

  
Required Signature/Registered Agent

10/23/2013  
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.*

  
Required Signature/Incorporator

10/23/2013  
Date

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA