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(Re	equestor's Name)	.
(Ad	ldress)	
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		40
(Cr	ty/State/Zip/Phone	• #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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COVER LETTER

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

SUBJECT: OX	ONE CORP		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation and	d 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
		ADDITIONAL CO	PY REQUIRED
FROM:	IICHAEL HERM		
	Nan	ne (Printed or typed)	
20	011 SW 70 AVE	A-12	
		Address	
D	AVIE, FL		
	City	, State & Zip	
7	54 368-2204		

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

Daytime Telephone number

MHERMAN443@AOL.COM

E-mail address: (to be used for future annual report notification)

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

	NCIPAL OFFICE Principal <u>street</u> address	· •	tailing address, if different is:
2011 SW 70 A	VE A-12		
DAVIE, FLOR	IDA		
33317			
	POSE the corporation is organized is: RPOSE OF TRANSACTING		IS BEING ORGANIZEI
PERMITTED U	NDER THE LAWS OF THE S	STATE OF F	LORIDA AND THE LAW
OFTHE UNIT	ED STATES.	· · · · · · · · · · · · · · · · · · ·	
ARTICLE IV SHA	NRES 7 500		
ARTICLE V INT	NRES stock is: 7,500 FIAL OFFICERS AND/OR DIRECTOR MICHAEL HERMAN, PRES		NOW.
	TIAL OFFICERS AND/OR DIRECTOR		22
ARTICLE V INT	TIAL OFFICERS AND/OR DIRECTOR MICHAEL HERMAN, PRES	Name and Title:	22 PH
ARTICLE V INT	MICHAEL HERMAN, PRES 2012 SW 70 AVE A-12	Name and Title:	22
Name and Title Address	MICHAEL HERMAN, PRES 2012 SW 70 AVE A-12 DAVIE, FLORIDA	Name and Title: Address:	22 PM 3: 18
Name and Title Address	MICHAEL HERMAN, PRES 2012 SW 70 AVE A-12 DAVIE, FLORIDA 33317	Name and Title: Address: Name and Title:	22 PM 3: 18
ARTICLE V INT. Name and Title Address	MICHAEL HERMAN, PRES 2012 SW 70 AVE A-12 DAVIE, FLORIDA 33317	Name and Title: Address: Name and Title:	22 PM 3: 18
Name and Title Address Name and Title Address	MICHAEL HERMAN, PRES 2012 SW 70 AVE A-12 DAVIE, FLORIDA 33317	Name and Title: Address: Name and Title: Address:	22 PH 3: 18

· Name ar	nd Title:	Name and Title:
Address		Address:
ARTICLE VI	REGISTERED AGENT	4
Name:	Iorida street address (P.O. Box NOT acceptable) of MICHAEL HERMAN	me tekisteten skeut iz:
Address:	2011 SW 70 AVE A-12	
Audiess:	DAVIE, FLORIDA, 33317	
ARTICLE VII		NOV 22
The name and a	ddress of the Incorporator is:	
Name:	MICHAEL HERMAN	<u>ච</u> ස
Address:	2011 SW 70 AVE A-12	 8
	DAVIE, FLORIDA, 33317	
Having been na this certificate, L	med as registered agent to accept service of process am familiar with and accept the appointment as reg	for the above stated corporation at the place design istered agent and agree to act in this capacity
MATE	Franklin man	11/15/2013
- free	Required Signature/Registered Agent	Date
I submit this do	cument and affirm that the facts stated herein are Department of State constitutes a third degree felon	true. I am aware that the false information submits as provided for in s.817,155. F.S.
MI	In Hillerman	11/15/2013
1910	Required Signature/Incorporator	Date

COVER LETTER

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

SUBJECT: OX	ONE CORP		
	(PROPOSED CORPORA	TE NAME - MUST INCL	UDE SUFFIX)
Enclosed are an original	inal and one (1) copy of the ar	ticles of incorporation and	i a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
FROM: M	ICHAEL HERM	AN e (Printed or typed)	
20)11 SW 70 AVE	•••	
		Address	
D	AVIE, FL		
	City	, State & Zip	
75	54 368-2204		
	Daytime	Telephone number	

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

MHERMAN443@AOL.COM

E-mail address: (to be used for future annual report notification)

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

ARTICLE I NAM The name of the corporati	on shall be: OX ONE CORP	
ARTICLE II PRIN	ICIPAL OFFICE Principal <u>street</u> address	Mailing address, if different is:
2011 SW 70 A		
DAVIE, FLOR	IDA	
33317		
ARTICLE III PURE The purpose for which the FOR THE PUR	POSE OF TRANSACTING	ORPATION IS BEING ORGANIZED ANY AND ALL LAWFUL BUSINESS
PERMITTED UN	NDER THE LAWS OF THE S	STATE OF FLORIDA AND THE LAWS
OFTHE UNITE	ED STATES.	
		·
		N :
		PH &
The number of shares of s	<u>RES</u> stock is: 7,500	
ARTICLE V INIT	MICHAEL HERMAN, PRES 2012 SW 70 AVE A-12 DAVIE, FLORIDA	
	33317	
Name and Title:		Name and Title:
Address		Address:
Name and Title:		Name and Title:
Address		Address:

Name and	d Title:	Name and Title:
Address		Address:
ARTICLE VI	REGISTERED AGENT orida street address (P.O. Box NOT acceptable) o	of the registered agent is:
Name:	MICHAEL HERMAN	of the registered agent is.
Address:	2011 SW 70 AVE A-12	
	DAVIE, FLORIDA, 33317	- 22
ARTICLE VII	INCORPORATOR	Z 7
The name and ac	dress of the Incorporator is:	ب
Name:	MICHAEL HERMAN	
Address:	2011 SW 70 AVE A-12	
	DAVIE, FLORIDA, 33317	- 7
Address: Having been nanthis certificate, 14	DAVIE, FLORIDA, 33317	ess for the above stated corporation at the place des egistered agent and agree to act in this capacity
THE STATES	Required Signature/Registered Agent	11/15/2013
I make alata d		Date
document to the	umant and affirm that the facts stated nevein ar Department of State constitutes a third degr ee felo	e true. I am aware that the false information subnony as provided for in s.817.155, F.S.
	e //	
Mile	Required Signature/Incorporator	11/15/201