

P 14 000024511

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

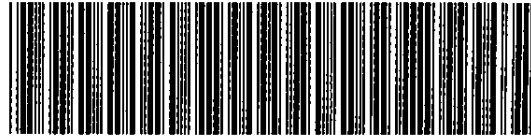
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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3/19/14

## COVER LETTER

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

**SUBJECT:** Ofrana DiStefano Inc  
(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:** Ofrana DiStefano  
Name (Printed or typed)  
7484 Rockbridge Cir  
Address  
Lake Worth, FL, 33467  
City, State & Zip  
561-386-3651  
Daytime Telephone number  
ofrana.distefano@gmail.com  
E-mail address: (to be used for future annual report notification)

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

in compliance with Chapter 607 and/or Chapter 621, F.S. (Front)

**ARTICLE I NAME**

Ofrana DiStefano Inc

The name of the corporation shall be: \_\_\_\_\_

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**ARTICLE II PRINCIPAL OFFICE**

Principal street address

7484 Rockbridge Cir.

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Mailing address, if different is: \_\_\_\_\_

Lake Worth FL.

33467

**ARTICLE III PURPOSE**

for any and all legal business activity.

The purpose for which the corporation is organized is: \_\_\_\_\_

**ARTICLE IV SHARES** 100

The number of shares of stock is: \_\_\_\_\_

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Ofrana DiStefano President

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address

7484 Rockbridge Cir

Address: \_\_\_\_\_

Lake Worth FL

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address

Address: \_\_\_\_\_

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: Bette Koriakin

Address: 7484 Rockbridge Cir

Lake Worth Fl 33467

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Ofrana DiStefano

Address: 7484 Rockbridge Cir

Lake Worth Fl 33467

*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*

Bette Koriakin

Required Signature/Registered Agent

3-14-14

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.*

Ofrana DiStefano

Required Signature/Incorporator

3/14/14

Date

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