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\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

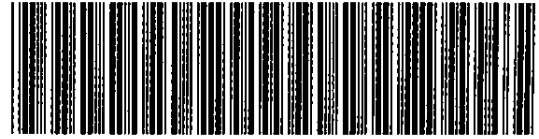
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
14 MAR 17 PM 1:47

*g* 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)

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**ARTICLE I NAME** Ofrana DiStefano Inc  
The name of the corporation shall be:

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Mailing address, if different is:

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address

7484 Rockbridge Cir.

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**

Name and Title: Ofrana DiStefano President 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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