

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)

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

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

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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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