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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
Division of Corporations
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
REDIFY INC.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	$78.75

83535

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COVER LETTER

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

SUBJECT: Redify 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: Victor Okoh
Name (Printed or typed)

3671 NE 4th Street
Address

Homestead Fl. 33033
City, State & Zip

305-302-8216
Daytime Telephone number

305-302-8216
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: Redify Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

425 NW 27th Avenue
#352376
Miami Fl: 33135

Mailing address, if different is:

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: Any and all lawful purposes

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TALLAHASSEE, FLORIDA

ARTICLE IV SHARES
The number of shares of stock is: 500,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Victor Okoh, President
Address: 3671 NE 4th Street, Homestead Fl. 33033

Name and Title: Lee Phillips, Secretary
Address: 7625 SW 160th Terrace, Miami Fl. 33157

Name and Title: Karina Vilalba, Treasurer
Address: 10110 SW 145 Place, Miami Fl. 33186

Name and Title:
Address:

Name and Title:
Address:

(cont.)

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: Victor Okoh

Address: 3671 NE 4th Street

Homestead Fl. 33033

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TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Victor Okoh

Address: 3671 NE 4th Street

Homestead Fl. 33033

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 — Date: 10/30/2014

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 — Date: 10/30/2014

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