

P15000033617

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

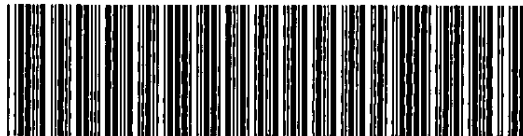
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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MD 4/14

COVER LETTER

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

SUBJECT: One NATION Marketing Services 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 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: One Nation Marketing Services Inc
 Name (Printed or typed)
5700 Memorial Hwy #206
 Address
Tampa, Florida 33615
 City, State & Zip
813 889 7000
 Daytime Telephone number
olenm123@yahoo.com
 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: One nation marketing services inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

5700 memorial hwy

#206

tampa, fl 33615

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: marketing and lead generation directed towards
business and consumers nationwide- marketing industries include travel, healthcare,
high technology, and telecommunications.

ARTICLE IV SHARES

The number of shares of stock is: 10

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: olen miller

Name and Title: _____

Address 112 south trask st

Address: _____

tampa, fl 33609

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

(conti.)

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: olen miller
Address: 112 south trask st
tampa, fl - 33609

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: olen miller
Address: 112 south trask st
tampa, fl 33609

15 APR 10 AM 11:26
OFFICE OF THE
CLERK OF THE
SUPREME COURT
TALLAHASSEE, FL 32304

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

4-7-2015
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.


Required Signature/Incorporator

4-7-2015
Date