

# P16000043101

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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Division of Corporations  
Fax Number : (850) 617-6381

**From:**

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Account Number : 072450003255  
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16 MAY 18 AM 10:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FLORIDA PROFIT/NON PROFIT CORPORATION  
ONELINK MANAGEMENT INC**

Certificate of Status	1
Certified Copy	0
Page Count	04
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Corporate Filing Menu

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MAY 19 2018

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# COVER LETTER

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

SUBJECT: Onelink Management 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: Joseph Rodrigo  
Name (Printed or typed)

5700 NW 2nd AVE #111  
Address

Boca Raton, FL 33487  
City, State & Zip

858-366-5465  
Daytime Telephone number

onelinkmanagement@gmail.com  
E-mail address: (to be used for future annual report notification)

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

FILED

16 MAY 18 AM 10:58

ARTICLES OF INCORPORATION  
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

ARTICLE I NAME

The name of the corporation shall be: Onelink Management Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address  
5700 NW 2nd Ave

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

#111

Boca Raton, FL 33487

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To transact any and all  
lawful business.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Joseph Rodriguez, President Name and Title: \_\_\_\_\_

Address 5700 N.W. 2nd Ave Address: \_\_\_\_\_

#111

Boca Raton, FL 33487

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: Xavier Rodrigo  
Address: 7355 Rosewood Cir.  
Boca Raton, FL, 33487

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STATE OF FLORIDA  
TALLAHASSEE

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Joseph Rodrigo  
Address: 5700 NW 2nd Ave #111  
Boca Raton, FL, 33487

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

Xavier Rodrigo  
Required Signature/Registered Agent

5-17-16  
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.

[Signature]  
Required Signature/Incorporator

5-17-16  
Date

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