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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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16 MAY 18 PM 4:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA PROFIT/NON PROFIT CORPORATION
ONELINK MANAGEMENT INC

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

110878

Electronic Filing Menu

Corporate Filing Menu

Help

MAY 19 2018

4

H16000123295

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 Rodrigo, President
Address: 5700 N.W. 2nd Ave
#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

16 MAY 18 AM 10:58
 STATE DEPT OF STATE
 TALLAHASSEE FLORIDA

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.

Joseph Rodrigo
 Required Signature/Incorporator

5-17-16
 Date

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