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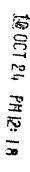
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COVER LETTER

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

SUBJECT:

Enclosed are an orig	ginal and one (1) copy of the artic	cles of incorporation and	l a check for:	l
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM:	Name	ONYIA (Printed or typed) E MABR	Y HWY, F	APT 2103
	TAMPA, FL			
	813 - 641 Daytime Te	- 4776		
	uonyia 6 gn E-mailaddress: (to be-used	nail. com	notification)	
is management, (to be about for fattile annear report nonnearion)				

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

EDIOXYGEN INC (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

<u>ARTICLE I</u> NAME The name of the corporation	n shall be: EDIOXY	GEN IN	1C		
ARTICLE II PRINCIP	ALOFFICE incipal street address LEMABRY HWY,	Ma	ailing address, if differen	t is:	
APT#2103 33618	, TAMPA, FL	 			
ARTICLE III PURPOSI The purpose for which the connective partner,	corporation is organized is:So na businesse integrating ustry	lution p s to an with an	rovider y tradiv ny syste	- 29 2m	· · ·
· · · · · · · · · · · · · · · · · · ·	ck is: 1 OFFICERS AND/OR DIRECTORS ROBERT ONVIA, DIR	ECTOR Name and Title:			
Address <u>II</u>	SOO N DALE MAB	RY HWY Address:			
	T #2103, TAMPA FL, 33618			Tão OCT	100 mm
Name and Title:		Name and Title:		24	All gastes
Address				PH 12: 18	
Name and Title:		Name and Title:			
Address					
 -					

Name and Title:	Name and Title:	
Address	Address:	
ARTICLE VI REGISTERED AGENT The name and Florida street address (P	T.O. Box NOT acceptable) of the registered agent is:	
	ONYIA	
	DALE MABRY HWY,	
	3, TAMPA, FL, 33618	
ARTICLE VII INCORPORATOR		
The name and address of the Incorporate	or is:	
Name: ROBER	TONYIA	
Address: 11500 r	N DALE MABRY HWY,	
APT #21	03, TAMPA, FL, 33618	
ARTICLE VIII EFFECTIVE DATE:		
	iling: (OPTIONAL) must be specific and cannot be more than five business days pri	or or 90 business
Note: If the date inserted in this block denoted document's effective date on the Dep	loes not meet the applicable statutory filing requirements, this date opartment of State's records.	will not be listed as
this certificate, I am familiar with and a	to accept service of process for the above stated corporation at the cept the appointment as registered agent and agree to act in this ca	
U. Onja	nature/Registered Agent	19/2016
Required Sign	nature/Registered Agent	Date
document to the Department of State con	the facts stated herein are true. I am aware that the false inform nstitutes a third degree felony as provided for in s.817.155, F.S.	ation submitted in a
Required Stenature/Incorpora	(0)	/19/2016
Required Signature/Incorpora	ator	Date

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