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(Business Entity Name)

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OCT 27 2016

T. SCOTT

OCT 24 PM 12:18

COVER LETTER

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

SUBJECT: EDIOXYGEN 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: ROBERT ONYIA
Name (Printed or typed)

11500 N DALE MABRY HWY, APT 2103
Address

TAMPA, FL, 33618
City, State & Zip

813-641-4776
Daytime Telephone number

uonyia@gmail.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: EDIOXYGEN INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

11500 N DALE MABRY HWY,
APT # 2103, TAMPA, FL
33618

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Solution provider -
connecting businesses to any trading
partner, integrating with any system in
any industry

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ROBERT ONYIA, DIRECTOR Name and Title: _____

Address 11500 N DALE MABRY HWY Address: _____

APT # 2103, TAMPA,
FL, 33618

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

OCT 24 PM 12:18

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: ROBERT ONYIA

Address: 11500 N DALE MABRY HWY,
APT #2103, TAMPA, FL, 33618

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: ROBERT ONYIA

Address: 11500 N DALE MABRY HWY,
APT #2103, TAMPA, FL, 33618

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

U. Onyia

Required Signature/Registered Agent

10/19/2016

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.

U. Onyia

Required Signature/Incorporator

10/19/2016

Date