## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : LEGALINC CORPORATE SERVICES INC.

Account Number : I20180000011 Phone : (844)386-0178 Fax Number : (214)317-4754

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

Address:		

## FLORIDA PROFIT/NON PROFIT CORPORATION

One Solution Commerce Inc.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

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Corporate Filing Menu

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To: 18506176381 From: 14694451465 Date: 02/01/19 Time: 9:29 AM Page: 02/03

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## 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 Solution Commerce	e Inc.
ARTICLE II PRINCIPAL OFFICE Principal street ad	dress Mailing a	ddress, if different is:
6073 U.W. 167"St.	STEC-9	
Liami FL, 33015	<u> </u>	
ARTICLE III PURPOSE  The purpose for which the corporation is of	rganized is: XIIIIANASANIHALIII	and a
	whil Business.	
		<u></u>
		n a
ARTICLE IV SHARES The number of shares of stock is: 0,00	10.000	~
The number of sames of stock is. 1077.		A
ARTICLE V INITIAL OFFICERS AN		<b>\$</b>
Name and Titles Klave te	CEZ President Name and Title:	Clas
Address 6073 MM	167th St. 57EC-9 Address:	
	Name and Title:	
Name and Title:	Name and Title:	
	Address:	
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Name and Title:		Name and Title:	
Address		Address:	
ARTICLE VI REGIS The name and Florida s	TERED AGENT treet address (P.O. Box NOT acceptable) of	the registered agent is:	
	wie Perez	5 5	
	73 11W 1674St. SEC	-C4	
_		- !	
44	icumi FL-33015		
ARTICLE VII INCOM	RPORATOR		
The <u>name and address</u> o	of the incorporator is:		
	lavier Perez		
	6073 N.W. 167 HUST STEC	-7	
	4iami FL, 33015		
400161 D 100 D DDD			
ARTICLE VIII EFFE Effective date, if other th	ian the date of filing: O-10 120	(OPTIONAL)	
(If <b>an effective</b> date is li filing.)	isted, the date must be specific and cannot	be more than five days pr	ior or 90 days after the
Note: If the date inserte the document's effective	d in this block does not meet the applicable s date on the Department of State's records.	tatutory filing requirements	, this date will not be listed as
Having been named as this certificate, I am fam	registered agent to accept service of process ; iliar fitti and accept the appointment as regi	for the above stated corport stered agent and agree to ac	ntion at the place designated in it in this capacity
			01/30/2019
(**	Required Signature/Registered Agent	<del></del>	Date
I submit this document of	and affirm that the facts stated herein are to very of State constitutes a third degree felony	rue. I am aware that the fa	lse information submitted in a
(	The second of th	na provincia jor in xa17.13.	1/2 / 2
Required Sign	Sature/Incorporator		01/30/2014
•	*		LPGU