## Division of Corporations Electronic Filing Cover Sheet

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To:			
	Division of Corporations		
	Fax Number	: (850)617-6381	
From:			
	Account Name	: LAZARUS CORPORATE FILING SERVICE, INC.	
	Account Number		
	Phone	: (305)552-5973	
	Fax Number	: (305)675-5944	
		s for this business entity to be used for future ngs. Enter only one email address please.**	
_	il Address:		

## FLORIDA PROFIT/NON PROFIT CORPORATION ONELIO STORAGE CORP.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

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Electronic Filing Menu	Corporate Filing Menu	Help	- To	
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## ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

**ARTICLE I** NAME: The name of the corporation is:

ONELID STORAGE CORF.
ARTICLE II PRINCIPAL OFFICE:
The principal street address and mailing address is:  1125854 657.
MAMI FLORIDA 33174
ARTICLE III SHARES: The number of shares of stock is:
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:
ONELLO ROSEII (P)
2:11 - 2
The name and Florida street address (PO Box not acceptable) of the registered agent is:  ONE (10 2080)
11258 SW 6St
miami Florida 33174
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:
Onelio Rosell
11258 SW 68t
miami Florida 33174

## Required Signatures:

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

Registered Agent

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.

псогрогатог

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PALLAHASSER I I MARGO