

P23000005638

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 : XOTCHILTH VALDIVIA
Account Number : I20220000026
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****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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RECEIVED

2023 JUL 31 AM 8:21

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FLORIDA PROFIT/NON PROFIT CORPORATION
ONE THE COLLECTOR CORP

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

2023 JUL 31 AM 8:25

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

SUBJECT: ONE THE COLLECTOR CORP
(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: JUAN RHENALS
Name (Printed or typed)

1400 ST CHARLES PL APT 307
Address

PEMBROKE PINES, FL 33026
City, State & Zip

(954) 604 - 3300
Daytime Telephone number

ONETHECOLLECTOR@GMAIL.COM
E-mail address: (to be used for future annual report notification)

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

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

ARTICLE I NAME

The name of the corporation shall be: ONE THE COLLECTOR CORP

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

1400 ST CHARLES PL APT 307

PEMBROKE PINES, FL 33026

Mailing address, if different is:

1400 ST CHARLES PL APT 307

PEMBROKE PINES, FL 33026

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFULL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JUAN RHENALS - PRESIDENT

Name and Title: _____

Address 1400 ST CHARLES PL APT 307

Address: _____

PEMBROKE PINES, FL 33026

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

2023 JUL 31 PM 3:25
FALL 2023 SET 1 00:00

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: JUAN RHENALS
Address: 1400 ST CHARLES PL APT 307
PEMBROKE PINES, FL 33026

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: JUAN RHENALS
Address: 1400 ST CHARLES PL APT 307
PEMBROKE PINES, FL 33026

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 07/28/2023 (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 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

Required Signature/Registered Agent
Date 07/28/2023

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.

Required Signature/Incorporator
Date 07/28/2023