

P23W004664

Florida Department of State
Division of Corporations
Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : M. BURR KEIM COMPANY
Account Number : I1999000242
Phone : (215)563-8113
Fax Number : (215)977-9386

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

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION

One8 Inc.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

DIVISION OF CORPORATIONS
FILING COVER SHEET
FLORIDA

2023 JAN 20 PM 5:30

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42:4:24
207

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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: One8 Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
3389 Sheridan Street, Box #328
Hollywood, FL 33021

Mailing address, if different is:
3389 Sheridan Street, Box #328
Hollywood, FL 33021

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 1,000,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Mendy Goldman, Director Name and Title: Mendy Goldman, President

Address 3389 Sheridan Street, Box #328 Address: 3389 Sheridan Street, Box #328
Hollywood, FL 33021 Hollywood, FL 33021

Name and Title: Mendy Goldman, Secretary Name and Title: Mendy Goldman, Treasurer

Address 3389 Sheridan Street, Box #328 Address: 3389 Sheridan Street, Box #328
Hollywood, FL 33021 Hollywood, FL 33021

Name and Title: Name and Title:

Address Address:

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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: Mendy Goldman
 Address: 3389 Sheridan Street, Box #328
Hollywood, FL 33021

ARTICLE VII INCORPORATOR

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

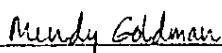
Name: Mendy Goldman
 Address: 3389 Shendan Street, Box #328
Hollywood, FL 33021

ARTICLE VIII EFF TIVE DATE:

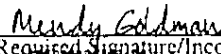
Effective date, if other than the date of filing: _____ (OPTIONAL)
 (If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

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

DocuSigned by:

 Required Signature/Registered Agent _____ Date 1/20/2023
86E98538A5034A8 ate

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.

DocuSigned by:

 Required Signature/Incorporator _____ Date 1/20/2023

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