

N160001487673

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 : FASTKIT CORP
Account Number : I20100000009
Phone : (305) 599-0839
Fax Number : (305) 592-9591

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

Email Address: _____

RECEIVED

16 JUN 17 PM 4:19

TALLAHASSEE, FLORIDA

FLORIDA PROFIT/NON PROFIT CORPORATION
Socialxchange Inc.

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

STATE OF FLORIDA
DIVISION OF CORPORATIONS

16 JUN 17 PM 10:07

FILED

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S. (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: Socialxchange Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
13645 Old Cutler Road Miami Florida 33158

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Our purpose is a sense of community by curating innovative experiences and events to allow our professionals a place where they can develop new friendships, relationships andn an outlet to connect network with other professionals in the area and around the nation

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: Bylaws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Alexis Nicole Brown President

Address: 13645 Old Cutler Road
Miami Florida 33158

Name and Title: James Lamar Brown Jr Vice President

Address: 13645 Old Cutler Road
Miami Florida 33158

Name and Title: James Lamar Brown Sr VP/Secretary

Address: 13645 Old Cutler Road
Miami Florida 33158

Name and Title: Teresa Brown VP/Treasurer

Address: 13645 Old Cutler Road
Miami Florida 33158

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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STATE OF FLORIDA
CLERK OF THE CIRCUIT COURT
MIAMI COUNTY

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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: Alexis Brown
Address: 13645 Old Cutler Road
Miami Florida 33158

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: Alexis Brown
Address: 13645 Old Cutler Road
Miami Florida 33158

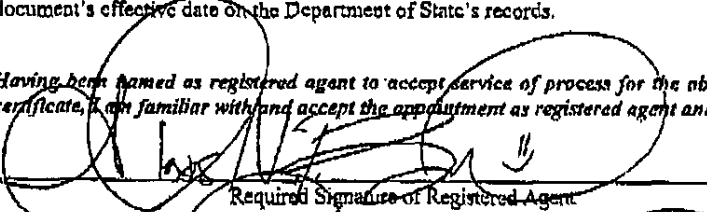
ARTICLE VIII EFFECTIVE DATE: 06/17/2016

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


Required Signature of Registered Agent

06/17/2016
Date

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.153, F.S.


Required Signature of Incorporator

06/17/2016
Date