

PH000033498

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

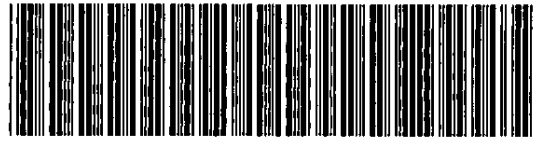
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000258366100

04/07/14--01016--006 **78.75

FILED
14 APR -7 AM 7:37
SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

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

SUBJECT: Invention X, Inc

(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
Filing Fee

\$78.75
Filing Fee
& Certificate of Status

\$78.75
Filing Fee
& Certified Copy

\$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Yaniv Kasis

Name (Printed or typed)

3082 Bermwood Lane

Address

Hollywood, FL 33021

City, State & Zip

954-609-8941

Daytime Telephone number

yaniv22@hotmail.com

E-mail address: (to be used for future annual report notification)

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

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: Invention X, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

3082 Bermwood Lane

Hollywood; FL 33021

Mailing address, if different is:

-Same-

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To sell various products via the internet to both local, national and international markets.

ARTICLE IV SHARES 1000

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Yaniv Kasis, President

Address: 3082 Bermwood Lane

Hollywood, FL 33021

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

FILED
14 APR -7 AM 7:37
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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: JM Financial Services, LLC

Address: 4124 NW 78 Ave

Sunrise, FL 33351

ARTICLE VII INCORPORATOR

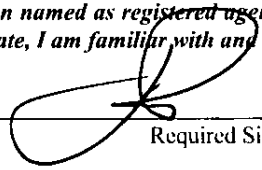
The **name and address** of the Incorporator is:

Name: Jose Miranda

Address: 4124 NW 78 Ave

Sunrise, FL 33351

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

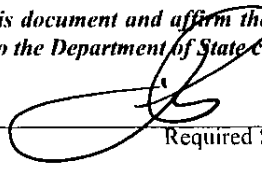
 _____

Required Signature/Registered Agent

4/3/2014

Date

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

4/3/2014

Date

FILED
 14 APR -7 AM 7:37
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA