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(Requestor's Name)			
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SECAL PARY OF STATE
AND AHASSEE FLORID

COVER LETTER

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

FROM:	Gina Filoso-Filocco
•	Name (Printed or typed)
_	2780 NE 745 St
	Address
	Pompano Bch, HA. 33062 City, State & Zip
	754-701-9307
-	Daytime Telephone number
_	GRF, CCAIII/a amail.com
	E-mail address: (to be used for future annual report notification)

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



January 20, 2017

GINA FILOSO-FILOCCO 2780 NE 7TH ST POMPANO BEACH, FL 33062

SUBJECT: LEXX CONSTRUCTION GROUP INTL INC

Ref. Number: W17000004695

We have received your document for LEXX CONSTRUCTION GROUP INTL INC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan Regulatory Specialist II

Letter Number: 017A00001245

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

The name of the corporation shall be: LEXX CONST	niction Group INTLINC.
ARTICLE II PRINCIPAL OFFICE Principal street address	Mailing address, if different is:
2780 NE 76 St.	
Pompano Beach, HA.	33062
A DELCT E III DIUDDOCE	
ARTICLE III PURPOSE The purpose for which the corporation is organized is:	Construction Servicts.
	ALL STE
·	8
	SS P
 	
ARTICLE IV SHARES	2: 47 FL BAIL
The number of shares of stock is: 1000.	
AKTICLE V INITIAL OFFICERS AND/OR DIRECTO	ORS
Name and Title: Gina Floso-Floc	- Waside OI
	Address:
Pomman Rob	Address.
330(1)	
Name and Title:	Name and Title:
Address	Address:
	
Name and Title:	Name and Title:
Address	Address:

	4 • •			
Name and Title:	Name and Title:			
Address	Address:			
				
ARTICLE VI REGISTERED AGENT				
The name and Florida street address (P.O. Box No	OT acceptable) of the registered agent is:			
Name: JUDITH	LEPER			
Address: 14403 56	16th Ct.	5 S S S S S S S S S S S S S S S S S S S		
DAVIEL FLA	33325	EB CB		
		75 70		
ARTICLE VII INCORPORATOR		PH 2: LT PH 2: LTATE SEE FLORIE		
The <u>name and address</u> of the Incorporator is:	_	2:		
Name: GINA Flos	o-Florco	司		
1700 11	- 1/2 Sh			
Address:	2010 FT 28012)			
tom paids	101,11a. DUV2			
ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing:	. (OPTIONAI	۵)		
(If an effective date is listed, the date must be spefiling.)	ecific and cannot be more than five days p	prior or 90 days after the		
Note: If the date inserted in this block does not me the document's effective date on the Department of		ts, this date will not be listed as		
•				
Having been named as registered agent to accept s this certificate, I am familiar with and accept the ap				
I will have the same of the sa	ponumen us regimered agent una agree w	1/17/2017		
Required Signature/Regis	rtarad A gant	1 11 1 0 1 7 Note		
	_	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 \$817.155, F.S.				
/ }		1/17/2017		
Required Signature/Incorporator		Date		
		/ '		