

Division of Corporations

2019  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet  
**PROCESSED**

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

From: Account Name : LEGALINC CORPORATE SERVICES INC.  
Account Number : I20180000011  
Phone : (844)386-0178  
Fax Number : (214)317-4754

\*\*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  
LEX MANAGEMENT GROUP, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
19 JUL 26 AM 1:17  
TALLAHASSEE, FLORIDA

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**ARTICLES OF INCORPORATION**

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

**ARTICLE I NAME**

LEX MANAGEMENT GROUP, INC.

The name of the corporation shall be: \_\_\_\_\_

**ARTICLE II PRINCIPAL OFFICE**

Principal **street** address

Mailing address, if different is:

501 Northeast 31st Street, Suite 2403

501 Northeast 31st Street, Suite 2403

Miami, FL 33137

Miami, FL 33137

**ARTICLE III PURPOSE**

Any Lawful Purpose

The purpose for which the corporation is organized is: \_\_\_\_\_

**ARTICLE IV SHARES**

1,000

The number of shares of stock is: \_\_\_\_\_

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: ALEXA HARDY, DIRECTOR Name and Title: \_\_\_\_\_

Address: 501 Northeast 31st Street, Suite 2403 Address: \_\_\_\_\_

Miami, FL 33137 \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

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: DOMINIQUE LEROY  
 Address: 169 East Flagler Street, Suite 1428  
Miami, FL 33131

**ARTICLE VII INCORPORATOR**

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

Name: DOMINIQUE LEROY  
 Address: 169 East Flagler Street, Suite 1428  
Miami, FL 33131

**ARTICLE VIII EFFECTIVE 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 in 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.*

*Domonique Leroy* \_\_\_\_\_ 7/23/19  
 Required Signature/Registered Agent 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.*

*Domonique Leroy* \_\_\_\_\_ 7/23/19  
 Required Signature/Incorporator Date

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