

P24000017356  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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Fax Number : (850)617-6381

From: Account Name : FILE RIGHT LLC  
Account Number : 120170000091  
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Email Address: \_\_\_\_\_

FLORIDA PROFIT/NON PROFIT CORPORATION  
10 X CAPITALS INC.

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

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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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### COVER LETTER

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

**SUBJECT:** 10 X CAPITALS 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:** FILE RIGHT LLC  
Name (Printed or typed)  
5314 16TH AVE, SUITE 139  
Address  
BROOKLYN, NY 11204  
City, State & Zip  
718-878-5511  
Daytime Telephone number  
sales@filecorp.com  
E-mail address: (to be used for future annual report notification)

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

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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 10 X CAPITALS INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address
4444 PINE TREE DRIVE
MIAMI BEACH, FL 33140

Mailing address, if different is.
4444 PINE TREE DRIVE
MIAMI BEACH, FL 33140

ARTICLE III PURPOSE

The purpose for which the corporation is organized is ANY LAWFUL PURPOSE

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JOSEPH FELLIG, OFFICER Name and Title:
Address: 4444 PINE TREE DRIVE Address:
MIAMI BEACH, FL 33140

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: JOSEPH FELLIG  
 Address: 4444 PINE TREE DRIVE  
MIAMI BEACH, FL 33140

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: MARK FUCHS  
 Address: 1425 37TH STREET, SUITE 201  
BROOKLYN, NY 11218

**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 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*

/s/ Joseph Fellig 03/08/2024  
 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.*

/s/ Mark Fuchs 03/08/2024  
 Required Signature/Incorporator Date

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