P22000004081

Florida Department of State

Division of Corporations

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

From:
Account Name : GONGORA BIZ LEGAL CO., L.L.C.
Account Number : I20210000096
Phone : (786)578-5718
Fax Number : (281)310-8796

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

Email Address: 3xlandonline@gmail.com

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TALLAHASSEE, FLORIDA

FLORIDA PROFIT/NON PROFIT CORPORATION

3XLAND Company

Certificate of Status	1
Certified Copy	0
Page Count	03
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COVER LETTER

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

SUBJECT: 3X Land Company.
(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

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TALLAHASSEE, FLORIDA

FROM: CWT Corporate Services
Name (Printed or typed)

PO Box 6335
Address

Rock Island, IL 61204
City, State & Zip

786-249-7887.
Daytime Telephone number

documents@sbcfinancial.org.
E-mail address: (to be used for future annual report notification)

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

H21000255623.

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: 3XLand Company.

ARTICLE II PRINCIPAL OFFICE
Principal street address: 1317 Edgewater Dr. Suite 4956
Orlando, FL 32804

Mailing address, if different is: P.O Box 6335.
Rock Island, IL 61204

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: Any Legal Purpose

ARTICLE IV SHARES
The number of shares of stock is: 1500.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Rosa M. Hernandez, Pdt
Address: P.O Box 6335
Rock Island, IL
61204.

Name and Title:
Address:

Name and Title: 3XLand Management Group LLC (Director)
Address: 1309 Coffeen Ave
Suite 1200, Sheridan
Wyoming. 82801.

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

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TALLAHASSEE, FLORIDA

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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: ENVIZION LLC

Address: 8051 N. TAMIAMI TRAIL. STE E6.
SARASOTA, FL 34243.

ARTICLE VII. INCORPORATOR

The name and address of the Incorporator is:

Name: Aliaet G. Sanchez

Address: 229 SCOTT ST.
DAVENPORT, FA 52803.

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TALLAHASSEE, FLORIDA

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

_____ 01/17/22
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.

_____ 01/20/2022
Required Signature/Incorporator Date

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