

# F070000001476

Florida Department of State  
Division of Corporations  
Public Access System

## Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H07000067858 3)))



H070000678583ABC8

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.** Doing so will generate another cover sheet.

To: Division of Corporations  
Fax Number : (850) 205-0381

From: Account Name : A 1 A CORPORATE SERVICES, INC.  
Account Number : I20010000247  
Phone : (800) 494-3124  
Fax Number : (305) 675-2811

2007 MAR 15 A 11:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

## FOREIGN PROFIT/NONPROFIT CORPORATION

### ALEXTON INCORPORATED

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

[Electronic Filing Menu](#)

[Corporate Filing Menu](#)

[Help](#)

3-16-07  
L  
100

H07000067858 3

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

**1. ALEXTON INCORPORATED**

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

**2. NEVADA**

(State or country under the law of which it is incorporated)

**3. 20-3633967**

(FEI number, if applicable)

**4.**

(Date of incorporation)

**5. PERPETUAL**

(Duration: Year corp. will cease to exist or "perpetual")

**6. UPON QUALIFICATION**

(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

**7. 913 JOHNS POINTE DR. OAKLAND FL 34787**

(Principal office address)

**913 JOHNS POINTE DR. OAKLAND FL 34787**

(Current mailing address)

**8. ANY LAWFUL PURPOSE, IT SERVICES**

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

**9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)**

Name:

**SOPHIA MARNELL**

Office Address:

**913 JOHNS POINTE DR.****OAKLAND**

(City)

**Florida 34787**

(Zip code)

**10. Registered agent's acceptance:**

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

*Sophia T. Marnell*

(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

H07000067858 3

H07000067858 3

## 12. Names and business addresses of officers and/or directors:

## A. DIRECTORS

Chairman: \_\_\_\_\_

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

Vice Chairman: \_\_\_\_\_

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

Director: **SOPHIA MARNELL**Address: **913 JOHNS POINTE DR.****OAKLAND FL 34787**

Director: \_\_\_\_\_

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

## B. OFFICERS

President: **SOPHIA MARNELL**Address: **913 JOHNS POINTE DR.****OAKLAND FL 34787**

Vice President: \_\_\_\_\_

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

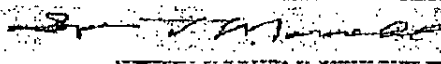
Secretary: \_\_\_\_\_

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

Treasurer: \_\_\_\_\_

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

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 14. **SOPHIA MARNELL, DIRECTOR & PRESIDENT**

(Typed or printed name and capacity of person signing application)

FILED  
2007 MAR 15 A 11:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

H07000067858 3

H07000067858 3

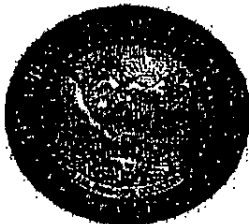
## SECRETARY OF STATE

**CERTIFICATE OF EXISTENCE  
WITH STATUS IN GOOD STANDING**

I, ROSS MILLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **ALEXTON INCORPORATED**, as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since October 10, 2005, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on March 14, 2007.



ROSS MILLER  
Secretary of State

Electronic Certificate  
Certificate Number: C20070314-2372  
You may verify this electronic certificate  
online at <http://secretaryofstate.biz/>

FILED  
2007 MAR 15 A 11:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

H07000067858 3