

F23000005578

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

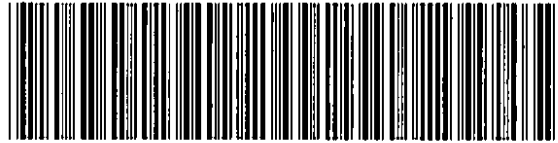
(Document Number)

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SECRET



NOTATIONS  
MINNEAPOLIS, FLORIDA

FLORIDA CAPITAL COURIER SERVICES, INC

2330 CLARE DR

TALLAHASSEE, FL 32309

(850) 524-5437 / (850) 524-6243 / (850) 491-9625

**Please use funds from this account: I20210000160: \$87.50**

**Authorization Signature:** \_\_\_\_\_



:

**JAXTX INCORPORATED**

**BUSINESS NAME**

**DOCUMENT #**

**\_X\_ Certified Copy**

**\_X\_ Certificate of Status**

**NEW FILINGS**

     Profit Corp

     Not for Profit

     Limited Liability

     Domestication

     LLLP

     CORP

     Other

     Other

**AMMENDMENTS**

     Amendment

     Resignation of R.A. Officer/Director

     Change of Registered Agent

     Revocation of Dissolution

     Merger

     Articles of Conversion

     Restated Articles of Incorporation

     Statement of Authority

**OTHER FILINGS**

     Apostille

     Country

     Annual Report

     Fictitious Name

**REGISTRATION/QUALIFICATIONS**

**\_X\_ Foreign filing**

     Reinstatement


     Qualification

     Other

**EXAMINER'S INITIALS: \_\_\_\_\_**

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**EXAMINER'S INITIALS:\_\_\_\_\_**

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Jaxtx Incorporated

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Edward Naro

Name of Person

Miracle Method

Firm/Company

5825 Patton St.

Address

Corpus Christi, TX 78414

City/State and Zip code

enaro@miraclemethoed.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jeffrey Naro

at (361) 885-5000

Name of Person

Area Code

Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &  
Certificate of Status

☐ \$78.75 Filing Fee &  
Certified Copy

☒ \$87.50 Filing Fee,  
Certificate of Status &  
Certified Copy

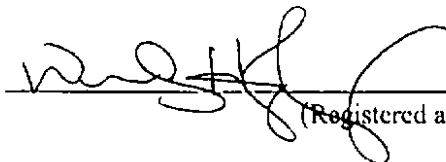
**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

*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. Jaxtx Inc  
(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. Texas 3. 93-2946921  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 08/01/2023 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)
6. 08/01/2023  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 3728 Philips Hwy Suite 219, Jacksonville, FL 32207  
(Principal office street address)
- 5825 Patton St., Corpus Christi, TX 78414  
(Current mailing address, if different)
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
- Name: InCorp Services, Inc.
- Office Address: 3458 Lakeshore Drive
- Tallahassee, Florida 32312  
(City) (Zip code)

**9. 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.*



Wendy Hefley on behalf of Incorp Services, Inc.

(Registered agent's signature)

10. 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.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

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CLERK OF THE COURT  
JACKSONVILLE, FLORIDA

**A. DIRECTORS**

☐ Chairman Name: Edward Naro  
☐ Vice Chairman Address: 5825 Patton St.  
☐ Director Corpus Christi, TX 78414  
☒ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: Timothy Naro  
☐ Vice Chairman Address: 5825 Patton St.  
☐ Director Corpus Christi, TX 78414  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☒ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

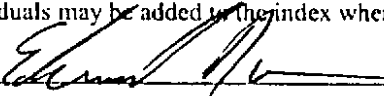
☐ Chairman Name: \_\_\_\_\_  
☐ Vice Chairman Address: \_\_\_\_\_  
☐ Director \_\_\_\_\_  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: Jeffrey Naro  
☐ Vice Chairman Address: 21313 Wildflower Ct.  
☐ Director Magnolia, TX 77354  
☐ President \_\_\_\_\_  
☒ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: Thomas Naro  
☐ Vice Chairman Address: 5825 Patton St.  
☐ Director Corpus Christi, TX 78414  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☒ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: \_\_\_\_\_  
☐ Vice Chairman Address: \_\_\_\_\_  
☐ Director \_\_\_\_\_  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

**Important Notice:** Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

12.  Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.

13. Edward Naro  
(Typed or printed name and capacity of person signing application)



## Office of the Secretary of State

### CERTIFICATE OF FILING OF

JAXTX INC  
File Number: 805175891

The undersigned, as Secretary of State of Texas, hereby certifies that a Certificate of Formation for the above named Domestic For-Profit Corporation has been received in this office and has been found to conform to the applicable provisions of law.

ACCORDINGLY, the undersigned, as Secretary of State, and by virtue of the authority vested in the secretary by law, hereby issues this certificate evidencing filing effective on the date shown below.

The issuance of this certificate does not authorize the use of a name in this state in violation of the rights of another under the federal Trademark Act of 1946, the Texas trademark law, the Assumed Business or Professional Name Act, or the common law.

Dated: 08/08/2023

Effective: 08/08/2023



A handwritten signature in black ink that reads "Jane Nelson".

Jane Nelson  
Secretary of State