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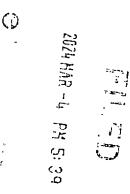
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
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Office Use Only



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#### **COVER LETTER**

TO: Registration Section Division of Corporations						
SUBJECT: LEXDOCK CORPORATION						
Name of corporation - must include suffix						
Dear Sir or Madam:						
The enclosed "Application by Foreign Corporation for A "Certificate of Existence," or "Certificate of Good Standa above referenced foreign corporation to transact business	ing" and check are submitted to register the					
Please return all correspondence concerning this matter to	o the following:					
Omar Ali-Shamaa						
Name of Pe	erson					
Ali-Shamaa Law, PLLC						
Firm/Compa	any					
10824 SW 90th Ln						
Address	S					
Miami, Florida 33176						
City/State and	Zip code					
Omar@alishamaalaw.com						
E-mail address: (to be used for	future annual report notification)					
For further information concerning this matter, please cal	l:					
Omar Ali-Shamaa at (	450-9582					
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					
	F STATE  78.75 Filing Fee &					

### 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.

	lable in Florida, enter alternate corporate name ad		ting business in Florida)
Delaware		9-1630018	<u> </u>
(State or count 2/27/2024	ry under the law of which it is incorporated)	(FEI number, if	••
(Dat	e of incorporation) 5	(Date of duration, if other	r than perpetual)
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502	Florida, if prior to registration) 2, F.S., to determine penalty liab	ility)
6350 Bruce B.	Downs Blvd. Suite 48342, Tampa FL 33646		
<del></del> -	(Principal office	street address)	<del></del>
16350 Bruce B.	Downs Blvd. Suite 48342, Tampa FL 33646		
·	(Current mailing	address, if different)	-
Name and stre	et address of Florida registered agent: (P.O. )	Box NOT acceptable)	Ø , ≥
Name:	Ali-Shamaa Law, PLLC		1024
	10824 SW 90th Ln	<del></del>	2024 KAR
Son Address	Miami, Florida		-
fice Address:		F1. 31. 331.0	, -0
fice Address:		, riorida	i 🚉
fice Address:	(City)	(Zip code)	i di Di
Registered ag	(City) ent's acceptance:	(Zip code)	င် တ က
Registered ag	(City) ent's acceptance: sed as registered agent and to accept service	(Zip code)  of process for the above state	င္က င ed corporation at the
Registered ag ving been nam ignated in this	(City) ent's acceptance:	(Zip code)  of process for the above state  nt as registered agent and ag	င္က မ ed corporation at the p ree to act in this capa

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.

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

A. DIRECTORS								
□ Chairman	Abeer Abu Judeh	Chairman	Name:					
□Vice Chairman	Address: 16350 Bruce B. Downs Blvd	□Vice Chairman	Address:					
□Director	Suite 48342	□Director						
President	Tampa, Florida 33646	□President						
□Vice President		□Vice President	_					
Secretary	☐Treasurer	Secretary		□Treasurer				
CEO CEO		□ Other		□Other				
☐ Chairman	Name:	□Chairman	Name:					
□Vice Chairman	Address:	□Vice Chairman	Address:					
□Director		□Director						
□President		President						
□Vice President		□Vice President						
☐ Secretary	☐ Treasurer	Secretary		□Treasurer				
□ Other	Other	□Other		Other				
□ Chairman	Name:	□ Chairman	Name:					
□Vice Chairman	Address:	□Vice Chairman	Address:					
□Director		Director						
□President		□ President						
☐Vice President		□Vice President						
□Secretary	Treasurer	Secretary		□Treasurer				
Other	□ Other	□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	Colored							
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.  About Abu Judeh								
13	(Typed or printed name and capacity of person signing application)							

Page 1

## Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "LEXDOCK CORPORATION" IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS

OF THIS OFFICE SHOW, AS OF THE TWENTY-NINTH DAY OF FEBRUARY, A.D.

2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LEXDOCK CORPORATION" WAS INCORPORATED ON THE TWENTY-SEVENTH DAY OF FEBRUARY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES HAVE BEEN ASSESSED TO DATE.

Authentication: 202912868

Date: 02-29-24

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SR# 20240787240



#### FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

Attached are the forms and instructions to register a foreign profit corporation to transact business in Florida. The requirements are as follows:

- Pursuant to section 607.1503(1), Florida Statutes, the attached application must be completed in its entirety.
- The corporation must submit an original certificate of existence, no more than 90 days old, duly authenticated by the Secretary of State or the proper official having custody of corporate records in the state or country under the law of which it is incorporated. A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.
- There is a \$70.00 registration fee and a letter of acknowledgment will be issued free of charge upon registration.
- Certification fees are optional. Please submit an additional \$8.75 if a certificate of status is needed. The fee for a certified copy of the application is \$8.75 (plus \$1 per page for each page over 8, not to exceed a maximum of \$52.50). Please check the appropriate box on the COVER letter and send one check for the total amount made payable to the Florida Department of State.
- The COVER letter included in this packet should be completed and submitted along with the certificate, application and check. Both the mailing address and courier address are noted in the COVER letter.
- Important Information About the Requirement to File an Annual Report
  All Profit Corporations must file an Annual Report yearly to maintain "active"
  status. The first report is due in the year following formation. The report must be filed
  electronically online between January 1st and May 1st. The fee for the annual report is
  \$150. After May 1st a \$400 late fee is added to the annual report filing fee. "Annual
  Report Reminder Notices" are sent to the e-mail address you provide us when you submit
  this document for filing. To file any time after January 1st, go to our website at
  www.sunbiz.org. There is no provision to waive the late fee. Be sure to file before May 1st.

Any further inquiries concerning this matter should be directed to the Registration Section by calling (850) 245-6051 or writing the Registration Section, Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314.

CR2E007 (1/19)