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CLERK OF STATE
TALLAHASSEE, FLORIDA

12/15
SP

COVER LETTER

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

SUBJECT: XOTIX, 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: KARL HANSEN
Name (Printed or typed)

709 MINORCA AVE
Address

CORAL GABLES FL 33134
City, State & Zip

305-903-2152
Daytime Telephone number

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

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:

XOTIX, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

709 MINORCA AVE, CORAL GABLES, FL 33134

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

BUSINESS & MARKET RESEARCH

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

KARL HANSEN

PRES, VICE PRES, SEC, TREAS.

709 MINORCA AVE.

CORAL GABLES, FL 33134

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

KARL HANSEN

709 MINORCA AVE., CORAL GABLES FL. 33134

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

KARL HANSEN

709 MINORCA AVE., CORAL GABLES FL. 33134

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

Signature/Registered Agent

Signature/Incorporator

12.1.05
Date

12.1.05
Date

FILED
05 DEC 13 AM 9:41
STATE
TALLAHASSEE
FLORIDA