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| (Requestor's Name) | | | |
|---|-------------------|-----------|--|
| (Address) | | | |
| (Address) | | | |
| (City/State/Zip/Phone #) | | | |
| PICK-UP | ☐ WAIT | MAIL | |
| (Bus | siness Entity Nan | ne) | |
| (Document Number) | | | |
| Certified Copies | · | of Status | |
| Special Instructions to Filing Officer: | | | |
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Office Use Only



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COVER LETTER

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

| SUBJECT: | LYXI Co | | | |
|--------------------------|--------------------------------------|--|------------------|--|
| | (PROPOSED CORPORA | TE NAME – <u>MUST INCL</u> | UDE SUFFIX) | |
| | | | | |
| | | | | |
| P 1 | : | ulas afinas un quatian and | d a shoot for | |
| Enclosed are an or | iginal and one (1) copy of the artic | les of incorporation and | a check for: | |
| \$70.00 | \$78.75 | □ \$78.75 | \$87.50 | |
| Filing Fee | Filing Fee | Filing Fee | Filing Fee, | |
| • | & Certificate of Status | & Certified Copy | Certified Copy | |
| | | | & Certificate of | |
| | | | Status | |
| | | ADDITIONAL CO | DPY REQUIRED | |
| | | | | |
| | | | | |
| | RICHARD IVANS | | | |
| FROM: <u>'</u> | Name | (Printed or typed) | | |
| | | (- · · · · · · · · · · · · · · · · · · · | | |
| | 201 S BISCAYNE BLVD, S | SUITE 400 | | |
| | | Address | <u> </u> | |
| | | | | |
| | MIAMI, FL 33131 | | | |
| City, State & Zip | | | | |
| | | | | |
| | 305-595-1267 | | | |
| 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:

LYXI CORP

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

201 S BISCAYNE BLVD, SUITE 400, MIAMI, FL 33131
MAILING ADDRESS: P. O. BOX 14-4597, CORAL GABLES, FL 33114

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFULL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is:

500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

ARTICLE VI REGISTERED AGENT

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

RICHARD IVANS, 201 S BISCAYNE BLVD, SUITE 400, MIAMI, FL 33131

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

RICHARD IVANS, 201 S BISCAYNE BLVD, SUITE 400, MIAMI, FL 33131

| **************** | *********** |
|---|--|
| Having been named as registered agent to accept service of process certificate, I am familiar with and accept the appointment as registered | for the above stated corporation at the place designated in thi. ed agent and agree to act in this capacity |
| M | 4/2/26 |
| Signature/Registered Agent | Date |
| | 4/1/06 |
| Signature/Incorporator | ' Date |

06 APR 13 PM 12. 05