

PD7000041173

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

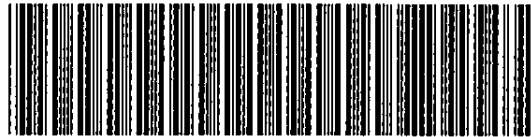
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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04/02/07--01043--009 **70.00

FILED
07 APR -2 AM 8:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRS
4/4

COVER LETTER

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

SUBJECT: XAR, 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: BENJAMIN D. KIHAI
Name (Printed or typed)

18255 SW 204 ST
Address

MIAMI, FL. 33187
City, State & Zip

305-898-6296
Daytime Telephone number

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

AFFIDAVIT

FILED

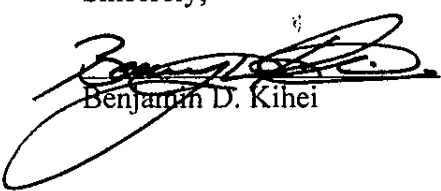
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

To Whom It May Concern:

Please note for record that I am the same individual who owns and registered Xar, LLC. I am also registering Xar, Inc. an S-Corporation under Florida law. I am the sole owner of both and would like to register my S-Corp. Any questions or concerns please do not hesitate to call me at (305) 898-6296.

Sincerely,



Benjamin D. Kihei

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:

XAR, INC.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

18255 SW 204 ST
MIAMI, FL. 33107

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any AND All LEGAL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

BENJAMIN D. KINGI / PRESIDENT

ARTICLE VI REGISTERED AGENT

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


BENJAMIN D. KINGI
18255 SW 204 ST
MIAMI, FL. 33107

ARTICLE VII INCORPORATOR

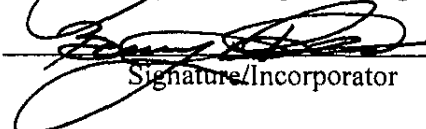
The name and address of the Incorporator is:

BENJAMIN D. KINGI
18255 SW 204 ST
MIAMI, FL. 33107

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

03-28-07

Date

03-28-07

Date