

711000069565

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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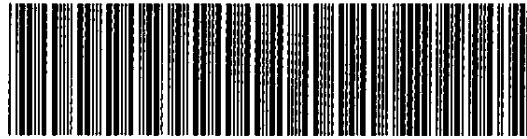
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
J. Shivers

COVER LETTER

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

SUBJECT: NEXTFX CORPORATION

(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: ALEXIS L. SALINAS

Name (Printed or typed)

9725 SW 155 COURT

Address

MIAMI, FL 33196-3831

City, State & Zip

305-444-1953

Daytime Telephone number

ALEX@TRIGOTAX.COM

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

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

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23 AUG -3 AM 9:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

August 1, 2011

Florida Department of State

Attention: New Filings Section

To whom it may concern:

This is to advise you that the owners of NEXTEFX CORPORATION, of Document # P01000100336 are the same owners of the attached articles of incorporation. We have dissolved the company and have no intention of reopening it. Thank you for your help in this matter.

Sincerely,



Alexis L. Salinas

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME NEXTFX CORPORATION
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
9725 SW 155 COURT
MIAMI, FL 33196-3831

Mailing address, if different is:
SAME

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
ANY AND ALL LAWFUL BUSINESS.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ALEXIS L. SALINAS, PT
Address: 9725 S.W. 155 COURT
MIAMI, FL 33196-3831

Name and Title: _____
Address: _____

Name and Title: ARACELIS C. SALINAS, S
Address: 9725 S.W. 155 COURT
MIAMI, FL 33196-3831

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

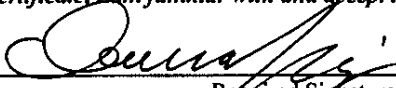
Name: ALEXIS L. SALINAS
Address: 9725 S.W. 155 COURT
MIAMI, FL 33196-3831

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ALEX TRIGO
Address: 4338 S.W. 8TH STREET
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



Required Signature/Registered Agent

8/1/11
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the 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.



Required Signature/Incorporator

8/1/11
Date

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TALLAHASSEE, FL 32399