

P13000026599

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

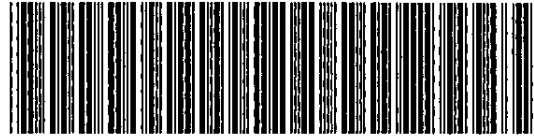
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400245803304

03/21/13--01011--007 **78.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 MAR 21 PM 1:24

PS 3/22/13

COVER LETTER

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

SUBJECT: LIX INTERNATIONAL 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: ABDULHALIM M. SAMARA

Name (Printed or typed)

1208 W. SR 436

Address

ALTAMONTE SPRINGS, FL. 32714

City, State & Zip

(407)670-4632

Daytime Telephone number

HSAMARA@MSN.COM

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

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)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLE I NAME

The name of the corporation shall be: LIX INTERNATIONAL INC.

13 MAR 21 PM 1:24

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1208 W. SR 436

ALTAMONTE SPRINGS, FL. 32714

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Conduct Business in the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ABDULHALIM M. SAMARA (PTSD)

Name and Title: _____

Address

1208 W. SR 436

Address: _____

Altamonte Springs, FL. 32714

Name and Title: _____

Name and Title: _____

Address

Address: _____

Name and Title: _____

Name and Title: _____

Address

Address: _____

(conti.)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

13 MAR 21 PM 1:24

Name and Title: _____ Name and Title: _____
Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: ABDULHALIM M. SAMARA (President)
Address: 1208 W. SR 436
Altamonte Springs, FL. 32714

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ABDULHALIM M. SAMARA (President)
Address: 1208 W. SR 436
Altamonte Springs, FL. 32714

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

Abdul Halim M. Samara
Required Signature/Registered Agent

March 18, 2013

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.

Abdul Halim M. Samara
Required Signature/Incorporator

March 18, 2013

Date