

P13000031095

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

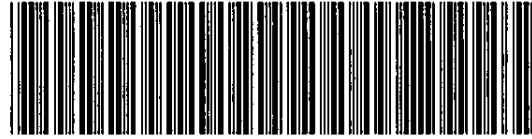
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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13 APR -4 AM 9:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers APR 05 2013

COVER LETTER

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

SUBJECT: **LEXAT 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: **Garcia Accounting & Tax Services, Inc**
Name (Printed or typed)

10750 S W 24th Street

Address

Miami FL 33165

City, State & Zip

305 551 4959

Daytime Telephone number

FGarciaTaxes1@BellSouth.Net.

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FILED

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: Lexat Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1800 N E 114th street Ste. 608

Miami Fl 33181

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

To conduct any kind of legal business activities in the USA.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Axel Heimes

Name and Title: Pres. VicePres. Sec. Treas

Address 1800 N E 114th Street

Address: 1800 N E 114th Street

Ste. 608

Ste. 608

Miami Fl 33181

Miami Fl 33181

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

SECRETARY OF STATE
FLORIDA

18 APR -10 AM 9:36

Handwritten initials or mark.

(cont.)

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: Axel Heimes

Address: 1800 N E 114th Street Ste 608

Miami FL 33181

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Axel Heimes

Address: 1800 NE 114th Street Ste 608

Miami FL 33181

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

March 28/13

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

March 28/13

Date

SECRETARY OF STATE
DEPARTMENT OF STATE
FLORIDA

13 APR -6 AM 9:36

FILED