

P1300074597

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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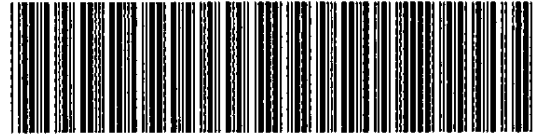
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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13 SEP -9 AM 8:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PS 9/12/13

COVER LETTER

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

SUBJECT: **SenXis Solutions, 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: **Douglas Hamilton**

Name (Printed or typed)

7777 131st St. N., Suite 12

Address

Seminole, FL 33776

City, State & Zip

727-398-5473

Daytime Telephone number

operations@senxis.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)

ARTICLE I NAME

The name of the corporation shall be: Senxis Solutions, Inc.

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ARTICLE II PRINCIPAL OFFICE

Principal street address

7777 131st St. N., Suite 12

Seminole, FL 33776

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Mailing address, if different is:

16911 1st St. E., Unit B

North Redington Beach, FL 33708

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: 1000000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Douglas W. Hamilton, President

Address: 16911 1st St. E., #B
North Redington Beach, FL 33708

Name and Title: Anphong Nguyen, VP

Address: 510 Running Horse Rd.
Seffner, FL 33584

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

(conti.)

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Name and Title: _____ Name and Title: 13 SEP -9 AM 8:26
Address: _____ Address: SECRETARY OF STATE

_____ TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

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

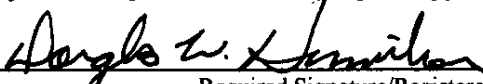
Name: Douglas Hamilton
Address: 16911 1st St. E., Unit B
North Redington Beach, FL 33708

ARTICLE VII INCORPORATOR


The name and address of the Incorporator is:

Name: Douglas Hamilton
Address: 16911 1st St. E., Unit B
North Redington Beach, FL 33708

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

 9/1/2013
Required Signature/Registered Agent 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.

 9/1/2013
Required Signature/Incorporator Date