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(Business Entity Name)

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APPROVAL
AND
FILED

14 JUL 30 PM 3:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1/H

COVER LETTER

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

SUBJECT: Xact Development 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: Everett Martin

Name (Printed or typed)

2610 Valencia Grove Drive

Address

Valrico, FL 33596

City, State & Zip

(813)453-7683

Daytime Telephone number

xactdevelops@gmail.com

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

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

APPROVED
AND
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ARTICLES OF INCORPORATION

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

JUL 30 PM 3:53

ARTICLE I NAME

The name of the corporation shall be: Xact Development Corporation

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2610 Valencia Grove Dr
Valrico, FL 33596

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: construction, land development, and property management

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Everett Martin, President

Name and Title: Amelle Martin, Vice President

Address: 2610 Valencia Grove Dr.
Valrico, FL 33596

Address: 2610 Valencia Grove Dr.
Valrico, FL 33596

Name and Title: Collette Martin, Secretary

Name and Title: Nicollette Martin Treasurer

Address: 2610 Valencia Grove Dr.
Valrico, FL 33596

Address: 2610 Valencia Grove Dr.
Valrico, FL 33596

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

APPROVED
AND
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(cont.)

14 JUL 30 PM 3:53

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

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

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

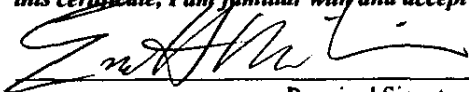
Name: Everett Martin Sr.
Address: 2610 Valencia Grove Dr.
Valrico, FL 33596

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Amelle Martin
Address: 2610 Valencia Grove Dr.
Valrico, FL 33596

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

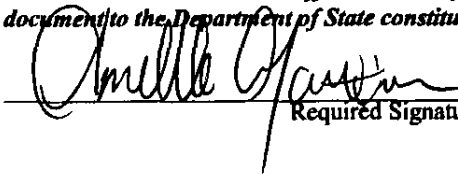


Required Signature/Registered Agent

07/26/14

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

07/26/14

Date