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(Red	questor's Name)	
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PICK-UP	WAIT	MAIL
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(Doc	cument Number)	
Certified Copies	Certificates	of Status
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DEPARTMENT OF STATE

PERSON OF A STATE OF STATE

2014 SEP 25 AR 11-4

14 SEP 25 PH 12: 03



COVER LETTER

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

SUBJECT:	CX2 Inc. (PROPOSED CORPORA	TE NAME – <u>MUST INCL</u> I	UDE SUFFIX)	
Enclosed are an orig	inal and one (1) copy of the arti	cles of incorporation and	l a check for:	
\$70.00 Filling Fee	□ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	& Certificate of Status	
FROM:	Ryan Van	San Lt (Printed or typed)		
3967 Enerald Chase Drive				
		hassee, RC State & Zip		
	, Daytime T	0-5-66-4420 elephone number	•	
	E-mail address: (to be use	Lyen Ogmai./ d før future avynal report	,	

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)

The name of the corporation shall be: X	2 FAC.	
Principal street address 7047 Scandastle		Mailing address, if different is:
Tallanussee F1 323	,04	
ARTICLE III PURPOSE The purpose for which the corporation is organized Construction		ning, Remodeling
		· · · · · · · · · · · · · · · · · · ·
The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND/O Name and Title: 2047	Sent Nam	ne and Title: OWNe fresiden?
Tallahassee	<i></i> ,	lress:
Name and Title:	Nan	ne and Title:
Address	Add	dress:
Name and Title:	Nan	ne and Title:
Address		dress:

Name and Tit	le: Name and Title:
Address	Address:
	·
ARTICLE VI RE	EGISTERED AGENT
	a street address (P.O. Box NOT acceptable) of the registered agent is:
Name:	Ryan Ven Sendet
Address:	3967 Emerad Chare Dr.
	Jallahassee F1 37368
ARTICLE VII IN	CORPORATOR
The name and addres	s of the Incorporator is:
Name:	Fyon VerSande
Address:	3467 Freezeld Chose Dr.
	Tallahassee F1 32308
Handara kana manada	
this certificate, I am f	ns registered agent to accept service of process for the above stated corporation at the place designated in Miliar with and accept the appointment as registered agent and agree to act in this capacity
K	-1/2/16
	Required Signature/Registered Agent Date
I submit this docume	nt and affirm that the facts stated herein are true. I am aware that the false information submitted in a system of State constitutes of third degree felony as provided for in s.817.155, F.S.
aocument to the Depa	pringing of State constitutes a mirra degree fetons as provided for in \$.017.135, P.S.
	Required Signature Incorporator Date
-	

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