

P15000019289

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

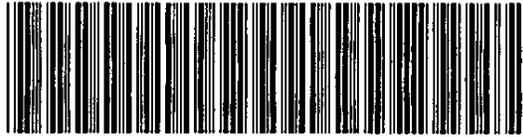
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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15 FEB 25 AM 10:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2015

**COVER LETTER**

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

**SUBJECT:** Exilus Marketing & Management, 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:** Lahins Exilus  
Name (Printed or typed)  
6421 Lemonwood Court  
Address  
Orlando, FL 32818  
City, State & Zip  
321-230-8627  
Daytime Telephone number  
lahinse@gmail.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: Exilus Marketing & Management, Inc.

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address: 6421 Lemonwood Court  
Orlando, FL 32818  
Mailing address, if different is: SAME

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is: Any and all lawful business.

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**ARTICLE IV SHARES** 1000  
The number of shares of stock is: \_\_\_\_\_

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title:	<u>Lahins Exilus/ President</u>	Name and Title:	_____
Address	<u>6421 Lemonwood Court</u> <u>Orlando, FL 32818</u>	Address:	_____ _____ _____
Name and Title:	_____	Name and Title:	_____
Address	_____ _____ _____	Address:	_____ _____ _____
Name and Title:	_____	Name and Title:	_____
Address	_____ _____ _____	Address:	_____ _____ _____

(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:

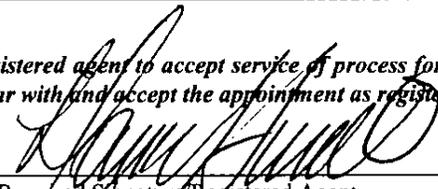
Name: Lahins Exilus  
 Address: 6421 Lemonwood Court  
Orlando, FL 32818

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

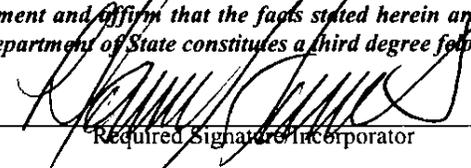
Name: Lahins Exilus  
 Address: 6421 Lemonwood Court  
Orlando, FL 32818

*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

2/18/2015  
 \_\_\_\_\_  
 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

2/18/2015  
 \_\_\_\_\_  
 Date