

P1500000 79790

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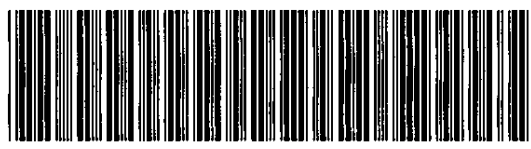
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EFFECTIVE DATE

10-1-15

FILED  
2015 SEP 21 AM 11:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SEP 28 2015

T. BROWN

## COVER LETTER

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

**SUBJECT:** ProductXperts, 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      ☒ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status

**ADDITIONAL COPY REQUIRED**

**FROM:** Brent D. Crippen  
Name (Printed or typed)

1700 NW 2nd Avenue, Suite 100  
Address

Boca Raton, FL 33432  
City, State & Zip

772-631-3598  
Daytime Telephone number

brenterippen@aol.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: ProductXperts, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
ProductXperts, Inc  
1700 NW 2nd Avenue, Suite 100  
Boca Raton, Fl 33432

Mailing address, if different from principal office

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Product development and wholesale and retail sales.

**EFFECTIVE DATE**

10-1-15

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: C. Thomas Ryals, Director

Address: 770 SW 5th Street

Boca raton, FL 33486

Name and Title: Rosemary Ryals, Director

Address: 770 SW 5th Street

Boca Raton, FL 33486

Name and Title: Jacqueline Walls, Director

Address: 6328 Grand Cypress Circle

Lake Worth, FL 33463

Name and Title: Brent D. Crippen, Director

Address: 4966 Bonsai, Circle, #104

Palm Beach Gardens, FL 33418

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

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: Brent D. Crippen  
Address: 4966 Bonsai Circle, # 104  
Palm Beach Gardens, FL 33418

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Brent D. Crippen  
Address: 4966 Bonsai Circle, # 104  
Palm Beach Gardens, FL 33418

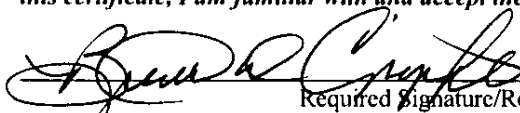
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: October 1, 2015 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

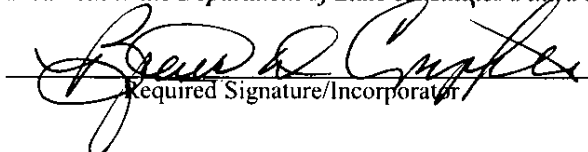
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
Required Signature/Registered Agent

September 16, 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

September 16, 2015

Date