

P 160000048799

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16 MAY 31 PM 3:31

U.S. DEPARTMENT OF THE TREASURY

6/6/16

## COVER LETTER

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

**SUBJECT:** PIXXELS 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:** STANLEY W. LLOYD

Name (Printed or typed)

2775 NE 187th ST PH-15W

Address

AVENTURA FL 33180

City, State & Zip

305 363 5633

Daytime Telephone number

SWL@DIGITALPIXXELS.COM

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

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

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16 MAY 31 PM 3:31

**ARTICLES OF INCORPORATION**

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

FILED

**ARTICLE I NAME**

The name of the corporation shall be: PIXXELS INC

16 MAY 31 PM 3:31

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
2775 NE 187th STREET

MAILING ADDRESS  
Mailing address, if different is: SECRETARY OF STATE  
FLORIDA

SUITE #715

AVENTURA FL 33180

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: For-profit company that create and operates brands that do business in the technology industry.

**ARTICLE IV SHARES**

The number of shares of stock is: 1,000,000

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

Name and Title: Stanley W. Lloyd President

Name and Title: Jael P. Lloyd

Address: 2775 NE 187th St

Address: 5856 Hampton Hills Blvd

PH-15W

Tamarac, FL 33321

Aventura, FL 33180

Name and Title: Marie-Alix Lloyd - Vice President

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

Address: 2775 NE 187th Street

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

PH-15W

Aventura FL 33180

Name and Title: Stanton B. Lloyd

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

Address: 2845 Forest Hills Blvd

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

Coral Springs, FL 33065

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: MARIE-ALIX LLOYD

Address: 2775 NE 187th STREET

AVENTURA, FL 33180

**ARTICLE VII INCORPORATOR**

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

Name: STANLEY W. LLOYD

Address: 2775 NE 187th STREET

AVENTURA, FL 33180

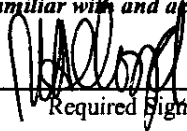
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_. (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.

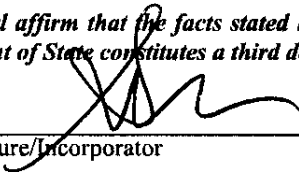
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*



Required Signature/Registered Agent

05/24/16  
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

05/24/2016  
Date