

P18000001327

Florida Department of State
Division of Corporations
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

FLORIDA PROFIT/NON PROFIT CORPORATION
AXIVAL CORPORATION

Table with 2 columns: Description and Value. Rows include Certificate of Status (0), Certified Copy (1), Page Count (03), and Estimated Charge (\$78.75).

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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: AXIVAL CORPORATION

ARTICLE II PRINCIPAL OFFICE
Principal street address

Mailing address, if different is:

1493 MAPLE DR
WESTON FLORIDA 33327

1493 MAPLE DR
WESTON FLORIDA 33327

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: ANY AND ALL KIND OF BUSINESS

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ARTICLE IV SHARES
The number of shares of stock is: 100 @ 1.00 PER VALUE

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: PRESIDENT JUAN L DE LA GARZA Name and Title: _____
Address: _____ Address: _____
1493 MAPLE DR
WESTON FLORIDA 33327

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

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

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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: JUAN L DE LA GARZA
 Address: 1493 MAPLE DR
WESTON FL 33327

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 TALLAHASSEE, FLORIDA
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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: JUAN L DE LA GARZA
 Address: 1493 MAPLE DR
WESTON FL 33327

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 01/04/2018 (OPTIONAL)
 (If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 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

X _____ 01/04/2018
 Required Signature/Registered Agent 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.

X _____ 01/04/2018
 Required Signature/Incorporator Date

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