## P19000003644

(Requestor's Name)				
(Address)				
(Address)				
(Ci	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	s of Status		
Special Instructions to Filing Officer:				
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## **COVER LETTER**

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

SUBJECT:	AXXS Developm	ent, Inc.		
	(PROPOSED CO	PRPORATE NAME - N	MUST INCLUD	E SUFFIX)
Enclosed are an orig	inal and one (1) copy o	f the articles of incor	poration and a	check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Stat	S78.7 Filing Fe & Certif		\$87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDIT	IONAL COPY	Y REQUIRED
FROM:	Alicia R		43	
	200 Fost	Name (Printed or ty	ypea)	
<del></del> .		Address	<u> </u>	
	Sharon H	ill, PA 19079	ı	
		City, State & Zip		
<del></del>	(215) 60			
		aytime Telephone num	iber	<del>-</del> -
		@gmail.com		
	E-mail address: (t	o be used for future an	inual report not	ification)

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)

name of the corporation	on shall be: AXXS Developm	ent, Inc.	
<u>TICLE II PRINCI</u>	<u>PAL OFFICE</u>	Mailing ade	dress, if different is:
200 Sandestí	Principal <u>street</u> address n BLVd. N.	(same)	
Miramar Beac	h, FL 32550		
<del> </del>			
ETICLE III PURPOS e purpose for which the	<u>SE</u> e corporation is organized is: <b>any</b> 1	awful purpose	
	· · · · · · · · · · · · · · · · · · ·		· · · · ·
-, <u>-</u> —			
	Alicia Robinson, Secre	taname and Title:	25 B
Address _	200 Foster Avenue	Address:	A A
-	Sharon Hill, PA 19079	_	
Name and Title		Name and Title.	€.
Address		Address:	
-	<del></del>		
Name and Title:		Name and Title:	
Address		Address:	
	<del></del>		

Name and	Title:	Name and Title:	
Address		Address:	<del></del>
		<u> </u>	
	EGISTERED AGENT		
The name and Flo	erida street address (P.O. Box NOT acceptable) o	f the registered agent is:	
Name:	William Thompson	-	
Address:	200 Sandestin Blvd. N.	_	
	Miramar Beach, FL 32550	-	
ARTICLE VII_I	NCORPORATOR		
The <u>name and add</u>	dress of the Incorporator is:		
Name:	William Thompson		
Address:	200 Sandestin Blvd. N.	_	
	Miramar Beach, FL 32550	-	
Effective date, if o	EFFECTIVE DATE: there than the date of filing:	(OPTIONAL)	
(II an effective da	te is listed, the date must be specific and canno	t be more than five days pric	or or 90 days after the
Note: If the date is the document's eff	nserted in this block does not meet the applicable ective date on the Department of State's records.	statutory filing requirements,	this date will not be listed as
Having been nam this certificate, I a	ed as registered agent to accept service of process in familiar with and accept the appointment as reg	for the above stated corporat sistered agent and agree to act	ion at the place designated in in this capacity
	W-Th-		January 3, 2019
	Required Signature/Registered Agent		Date
I submit this docu	ment and affirm that the facts stated herein are	true. I am aware that the fals	se information submitted in a
document to the D	epartment of State constitutes a third degree felon	y as provided for in s.817.155,	F.S.
	W-Th_		January 3, 2019
Requir	ed Signature/Incorporator	***	Date