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FILED
19 MAR 14 PM 1:59
MAR 14 2019
MAR 14 2019

COVER LETTER

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

SUBJECT: Thexpos 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: Monica Fehlberg
Name (Printed or typed)

24023 Plymouth Hollow Circle
Address

Sorrento, FL 32776
City, State & Zip

407-497-9710
Daytime Telephone number

contact @ thexpos.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: The Xpos Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

24023 Plymouth Hollow Cir
Sorrento, FL 32776

PO Box 375
Sorrento, FL 32776

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The purpose of this corporation is to sell booths
for our trade shows and to engage in any
lawful activity for which corporations may be
incorporated in the state of Florida.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Monica Fehlberg

Name and Title: Jon Fehlberg

Address: President

Address: Secretary

24023 Plymouth Hollow Cir
Sorrento, FL 32776

24023 Plymouth Hollow Cir
Sorrento, FL 32776

Name and Title: Jon Fehlberg V Pres

Name and Title: _____

Address: 24023 Plymouth Hollow Cir
Sorrento, FL 32776

Address: _____

Name and Title: Monica Fehlberg

Name and Title: _____

Address: Treasurer

Address: _____

24023 Plymouth Hollow Cir
Sorrento, FL 32776

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CLERK OF DISTRICT COURT
JACKSONVILLE, FLORIDA

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: Monica Fehlberg

Address: 24023 Plymouth Hollow Cir
Sorrento, FL 32776

ARTICLE VII INCORPORATOR

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

Name: Monica Fehlberg

Address: 24023 Plymouth Hollow Cir
Sorrento, FL 32776

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 3/11/19 (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

Monica Fehlberg
Required Signature/Registered Agent

3/11/19
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.

Monica Fehlberg
Required Signature/Incorporator

3/11/19
Date

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