

P19000038269

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

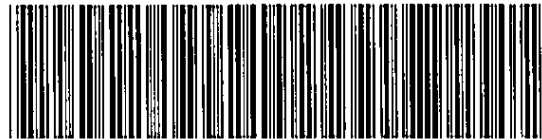
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED  
2019 APR 30 AM 8:41  
SECRETARY OF STATE  
TALLAHASSEE, FL

## COVER LETTER

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

SUBJECT: Microtxt, 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: Wayne Rasanen  
Name (Printed or typed)

7752 Royal Hart Dr.  
Address

New Port Richey, FL 34653  
City, State & Zip

727 372 0155  
Daytime Telephone number

Wayne@in101id.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: Microtxt, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

7752 Royal Hart Dr  
New Port Richey, FL 34653

7752 Royal Hart Dr  
New Port Richey, FL 34653

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and All Lawful Business

ARTICLE IV SHARES

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Wayne Rasanen

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

Address: President

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

7752 Royal Hart Dr  
New Port Richey, FL 34653

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

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

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

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

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

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

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

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

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TALLAHASSEE, FL

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: Janet L. Sherman

Address: 5139 Trouble Creek Rd.  
New Port Richey, FL 34652

**ARTICLE VII INCORPORATOR**

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

Name: Wayne Rasanen

Address: 7752 Royal Hart Dr  
New Port Richey, FL 34653

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TALLAHASSEE, FL


**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 4-24-19. (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.)

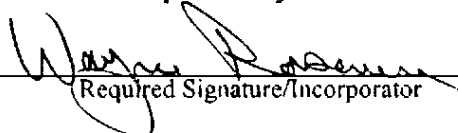
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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:*

  
Required Signature/Registered Agent

4/24/19  
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.*

  
Required Signature/Incorporator

4-24-19  
Date