

P19000038351

Florida Department of State
Division of Corporations
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Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
ACXES SOLUTIONS, INC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

M SIMMONS

MAY 08 2019

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: ACXES SOLUTIONS, INC**ARTICLE II PRINCIPAL OFFICE**Principal street address10893 NW 17th STSTE: 120MIAMI, FL 33172

Mailing address, if different is:

10893 NW 17th STSTE: 120MIAMI, FL 33172**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: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: P: MARCO T LOPEZ ZAMBRANO

Name and Title: _____

Address

10893 NW 17th ST

Address: _____

STE: 120MIAMI, FL 33172

Name and Title: _____

Name and Title: _____

Address

Address: _____

Name and Title: _____

Name and Title: _____

Address

Address: _____

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MIAMI, 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: MARCO T LOPEZ ZAMBRANO
Address: 10893 NW 17th ST. STE120
MIAMI, FL 33172

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MARCO T LOPEZ ZAMBRANO
Address: 10893 NW 17th ST. STE120
MIAMI, FL 33172


ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 05/06/19 (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

05/06/19
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

05/06/19
Date