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K Brumbley

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195 REFERENCE: 810803 8276631 AUTHORIZATION : COST LIMIT : ORDER DATE : June 17, 2019 ORDER TIME : 3:05 PM ORDER NO. : 810803-025 CUSTOMER NO: 8276631 DOMESTIC FILING NAME: NEXT GEN EQUIPMENT SALES CO. EFFECTIVE DATE: XX ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP ARTICLES OF ORGANIZATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: \_\_\_ CERTIFIED COPY XX PLAIN STAMPED COPY \_\_\_ CERTIFICATE OF GOOD STANDING CONTACT PERSON: Roxanne Turner - EXT.

EXAMINER'S INITIALS:

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Department of State New Filing Section			
Division of Corpora	tions		•
P. O. Box 6327	dons		•
Tallahassee, FL 323	314	•	
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SUBJECT: Nex	+ Gen Equipment GROSED CORDOR	nent Sales ( atename-must incl	O , UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation and	d a check for:
			<u>.                                      </u>
<b>□</b> \$70.00	\$78.75	<b>□ \$78.75</b>	<b>□</b> \$87.50
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
	& Certificate of Status	& Certified Copy	Certified Copy
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i ·		ADDITIONAL CO	PY REQUIRED
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01	-lando FL City,	32719	
!			
	321- 593 - Daytime T	9712	
•	Daytime T	elephone number	
•	•		
; <del></del>	Famail address. (to be used	1 To- Comment	***
. :	E-mail address: (to be used	i for future annual report n	otification)
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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)

The name of the corporation shall be: N2X+GEN	I Fallowat Sales Co
	tymphan cures co.
ARTICLE II PRINCIPAL OFFICE Principal street address	Mailing address, if different is:
5401 S. Kirkman Rd Stes.	Cur
Oclando FL 32819	
ARTICLE III PURPOSE  The purpose for which the corporation is organized is:	Any & All Jawful business
	·
	As a
ARTICLE IV SHARES The number of shares of stock is: // 000	
The number of shares of stock is:	
ARTICLE V INITIAL OFFICERS AND/OR DIRE	$\begin{array}{ccc} & & & & & & & & & & & & & & & & & & & $
Name and Title: Kyle Thours (	Name and Title:
Address 7345 w. Sand	ake Rd Address:
Orlando, FL 3	32919
Name and Titlo:	Name and Title:
Address	Address:
	<u>, , , , , , , , , , , , , , , , , , , </u>
Namo and Title	Nome and Title.
4 5 4 1	Name and Title:
	<del></del> _

Name	and Title:	Name and Title:
Addre	1 55	Address:
		_
	:	
ARTICLE VI	REGISTERED AGENT	
The name and I	Florida street address (P.O. Box NOT acceptable) of	the registered agent in
Name:	Corporation Service Company	are registered agent 15:
Address:	1201 Hays Street	
	Tallahassee, FL 32301	
ARTICLE VII	INCORPORATOR	
The name and no	ddress of the Incorporator is:	
Name:	Kyle Thomas	
Address:	7345 W. Sardlake	
	Orlando, FL 32719	
ARTICLE VIII	EFFECTIVE DATE:	
Cilective date, if	Other than the days of Eliman	(Opmost
(II an effective d: filing.)	ate is listed, the date must be specific and cannot b	c more than five days prior or 90 days after the
Note: If the date i	inserted in this black does not make the	
the document's eff	fective date on the Department of State's records.	tutory filing requirements, this date will not be listed as
Having been name	ed as registered agent to accept sender of process for	the above stated corporation at the place designated in
his costificate, I an Corporation Ser	m familiar with and accept the appointment as registed vice Company	red agent and agree to get in this cange in
3y: \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	WAA O	1010
	Required Signature/Registered Agent	Mate
Submit this docu	ment and affirm that the facts stated herein are true	I am aware that the false information submitted in a
V.1.	epartment of State constitutes a third degree felony as	provided for in s.817.155, F.S.
Require	11 obus	1./17/19
Account	d Signature Incorporator	Date