

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000229159 3)))



	Doing so will generate anothe		 	
Ţo:	- Division of Corporations			
	Fax Number : (850)617-6381			
From:	Account Name : LAZARUS CORPORATE Account Number : 120008000019 Phone : (305)552-5973 Fax Number : (305)675-5944	FILING SERVICE,	INI.	
**Enter	the email address for this business	entity to be use	d for future	
an	the email address for this business nual report mailings. Enter only one ail Address:	email address pl	ed for future lease.**	-
an Em	nual report mailings. Enter only one ail Address: FLORIDA PROFIT/NON PROF	email address pl	lease.**	
an Em	nual report mailings. Enter only one ail Address: FLORIDA PROFIT/NON PROF MXM INC	email address pl	lease.**	
an Em	nual report mailings. Enter only one ail Address: FLORIDA PROFIT/NON PROF	IT CORPORA	lease.**	المار (10 مار) المار
an Em	nual report mailings. Enter only one ail Address: FLORIDA PROFIT/NON PROF MXM INC	email address pl	lease.**	222

Electronic Filing Menu

Corporate Filing Menu

Help

D O'KEEFE AUG 01 2019

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:		
MXM inc	_	
ARTICLE II PRINCIPAL OFFICE:		
The principal street address and mailing address is:		
29869 Sw 159 Drive		
Home stead IFI 33033		
ARTICLE III SHARES: The number of shares of stock is: 100		
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:		
Michael Beauchamp (P)		
	>	
	·	
:. \		
	I.	(3)
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:		Ya.57
The name and Florida street address (PO Box not acceptable) of the registered agent is:		
Michael Beauchamp		
298109 SW 159 Dr.		
Homestead FL 33033		
110111010101		
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:		
mich get Beauchemp		
29869 SW 159 Dr.		
Homestead FL 33033		

Required Signatures:

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

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

3052201440