(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Ci	ty/State/Zip/Phone	#)
PICK-UP	MAIT	MAIL
(Bu	isiness Entity Nam	e)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer.	

Office Use Only



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2020 JAN 10 AN 11: 05

M SIMMONS JAN 1 0 2020

## Sunshine State Corporate Compliance Company

# 3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 1/10/2020		**WALK IN*
ENTITY NAME PHOEN	IIX ADVERTISING CORPORATION	
DOCUMENT NUMBER_		
	**PLEASE FILE THE ATTACHED AND RETURN**	
xxxx	Plain Copy Certified Copy	
	Certificate of Status	
**/	PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY**	
	Certified Copy of Arts & Amendments	
	Certificate of Good Standing	
	**APOSTILLE' / NOTARIAL CERTIFICATION**	
COUNTRY OF DESTINAT NUMBER OF CERTIFICAT		- -
TOTAL OWED 70.00	ACCOUNT #: 120160000072	
Please call Tina at th	he above number for any issues or concerns. Thank you so i	

### **COVER LETTER**

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

SUBJECT: Pl	noenix Advertising Corporation (PROPOSED CORPORA			
	(PROPOSED CORPOR/	ATE NAME = <u>MUST INCL</u>	<u>UDE SUFFIX</u> )	
Enclosed are an ori	ginal and one (1) copy of the art	ticles of incorporation and	l a check for:	
EX \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy  ADDITIONAL CO	S87.50 Filing Fee, Certified Copy & Certificate of Status	
		ADDITIONAL		
FROM:	ZenBusiness PBC	e (Printed or typed)		
	702 San Antonio St., 4th Floo	• •		
_		Address		
	Austin, TX 78701			
<del></del>	City, State & Zip			
	844-493-6249			
	Daytime Telephone number			
	fulfillment@zenbusiness.com	1		
	E-mail address: (to be use	d for future annual report r	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)

<u> TCLE II — PRINCI</u>	PAL OFFICE		
Principal street address		,	Mailing address, if different is:
254 Northwest 139th / Sunrise, FL 33323-53	Venue		
2002000			
· · · · · · · · · · · · · · · · · · ·			
TICLE III PURPO.  nurpose for which th	SE corporation is promized is:		
			PC - Responsive Web Design - Graphic
, ,			
TICLE IV SILARE	S		
number of shares of s	tock is:100		
number of shares of s	tock is:	<del></del>	
e number of shares of s	tock is: 100  OFFICERS AND/OR DIRECTORS		
e number of shares of s	tock is:100	<u> </u>	OMAR I FELIZ, Treasurer
TICLE V INITIAL  Name and Title:	ock is:100 . OFFICERS AND/OR DIRECTORS OMAR I FELIZ, President	Σ Name and Title:	OMAR I FELIZ. Treasurer
e number of shares of s ETICLE V INITEM Name and Title:	ock is:100 . OFFICERS AND/OR DIRECTORS OMAR I FELIZ, President	Σ Name and Title:	
TICLE V INITIAL  Name and Title:	tock is:100	Σ Name and Title:	2254 NW 139th Avenue Sunrise, FL 33323
number of shares of s  TICLE V INITIAL  Name and Title:	OMAR I FELIZ, President  2254 NW 139th Avenue Sunrise, FL 33323	Name and Title: Address:	2254 NW 139th Avenue Sunrise, FL 33323
TICLE V INITIAL  Name and Title:	ock is:100 . OFFICERS AND/OR DIRECTORS OMAR I FELIZ, President	Name and Title: Address:	2254 NW 139th Avenue Sunrise, FL 33323
e number of shares of s TICLE V INITIAL Name and Title: Address	OMAR I FELIZ, President  2254 NW 139th Avenue Sunrise, FL 33323	Name and Title: Address:	2254 NW 139th Avenue Sunrise, FL 33323
Name and Title:  Name and Title:	OMAR I FELIZ, Secretary	Name and Title: Address: Name and Title: Name and Title:	2254 NW 139th Avenue Sunrise, FL 33323
e number of shares of s  ETICLE V INITIAL  Name and Title:  Address	OMAR I FELIZ, Secretary  OMAR I FELIZ, Secretary  2254 NW 139th Avenue	Name and Title: Address: Name and Title: Name and Title:	2254 NW 139th Avenue Sunrise, FL 33323
Name and Title:  Name and Title:	OMAR I FELIZ, Secretary	Name and Title: Address: Name and Title: Name and Title:	2254 NW 139th Avenue Sunrise, Ft. 33323
Name and Title:  Name and Title:	OMAR I FELIZ, Secretary  OMAR I FELIZ, Secretary  2254 NW 139th Avenue	Name and Title: Address: Name and Title: Name and Title:	2254 NW 139th Avenue Sunrise, FL 33323
Name and Title:  Name and Title:	OMAR I FELIZ, Secretary  OMAR I FELIZ, Secretary  2254 NW 139th Avenue	Name and Title: Address: Name and Title: Name and Title:	2254 NW 139th Avenue Sunrise, Ft. 33323
Name and Title:  Address  Address	OMAR I FELIZ, President  OMAR I FELIZ, President  2254 NW 139th Avenue Sunrise, FL 33323  OMAR I FELIZ, Secretary  2254 NW 139th Avenue Sunrise, FL 33323	Name and Title: Address: Name and Title: Address: Address:	2254 NW 139th Avenue Sunrise, FL 33323
Name and Title:  Address  Address	OMAR I FELIZ, Secretary  OMAR I FELIZ, Secretary  2254 NW 139th Avenue	Name and Title: Address: Name and Title: Address: Address:	2254 NW 139th Avenue Sunrise, FL 33323
Name and Title:  Address  Name and Title:  Address	OMAR I FELIZ, President  OMAR I FELIZ, President  2254 NW 139th Avenue  Sunrise, FL 33323  OMAR I FELIZ, Secretary  2254 NW 139th Avenue  Sunrise, FL 33323	Name and Title: Address: Name and Title: Address: Name and Title: Name and Title:	2254 NW 139th Avenue Sunrise, FL 33323
Name and Title:  Address  Address	OMAR I FELIZ, President  OMAR I FELIZ, President  2254 NW 139th Avenue Sunrise, FL 33323  OMAR I FELIZ, Secretary  2254 NW 139th Avenue Sunrise, FL 33323	Name and Title: Address: Name and Title: Address: Name and Title: Name and Title:	2254 NW 139th Avenue Sunrise, FL 33323

Name and	d Title:	Name and Title:	
Address			
		<del></del>	<del></del>
	<del>.</del>		
ARTICLE VI	REGISTERED AGENT		
	orida street address (P.O. Box NOT acceptat	le) of the registered agent is:	
Name:	Registered Agents Inc.		
Address:	7901 4th St N. STE 300		
	St. Petersburg, FL 33702		
<u>ARTICLE VII</u>	<u>INCORPORATOR</u>		
The name and ad	Idress of the Incorporator is:		
Name:	OMAR I FELIZ		
Address:	2254 NW 139th Avenue		
	Sunrise, FL 33323		
Effective date, if	EFFECTIVE DATE: other than the date of filing:	. (OPTIONAL)	
(If an effective d filing.)	ate is listed, the date must be specific and	annot be more than five days prior or 90 days	after the
Note: If the date the document's el	inserted in this block does not meet the appleffective date on the Department of State's rec	eable statutory filing requirements, this date will cords.	not be listed as
		ess for the above stated corporation at the place degistered agent and agree to act in this capacity	esignated in this
/s/ Bill Havre	c/o Registered Agents Inc.	01/08/2	:020
	Required Signature/Registered Agen	D	ate
I submit this doc document to the I	ument and affirm that the facts stated herei Department of State constitutes a third degree	are true. I am aware that the false information felony as provided for in s.817.155, F.S.	submitted in a
/s/ OMAR 1 FF	ELIZ	01/08/202	.0
Required Signatu	re/Incorporator	Date	