

1/22/2020

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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FLORIDA PROFIT/NON PROFIT CORPORATION
DEXTRON INVESTMENTS, INC

JAN 23 2020

T. SCOTT

Certificate of Status	0
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Page Count	03
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Help

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: DEXTRON INVESTMENTS, INC

ARTICLE II PRINCIPAL OFFICEPrincipal street address

Mailing address, if different is:

8100 OAK LN # 405MIAMI LAKES, FL 33016**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: ANY AND LAWFUL BUSINESS.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORSName and Title: YOMARI RODRIGUEZ (P)

Name and Title: _____

Address: 8100 OAK LN # 405

Address: _____

MIAMI LAKES, FL 33016

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: YOMARI RODRIGUEZ
Address: 8100 OAK LN # 405
MIAMI LAKES, FL 33016

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: YOMARI RODRIGUEZ
Address: 8100 OAK LN # 405
MIAMI LAKES, FL 33016

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (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 01/21/2020
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 01/21/2020
Date