Pa0000047360

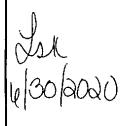
(Re	equestor's Name)	
(Ac	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bi	usiness Entity Nam	e)
(D	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	<u> </u>
	Office Use Onl	y



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COVER LETTER

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

□ \$70.00

Filing Fee

□ \$78.75

Filing Fee

& Certificate of Status

SUBJECT: Nexxtrapa	2: PACKAgin	g, Access	ories, Con	rugated INC.
(PRC	POSED CORPORATE	NAMÉ – <u>MUST INC</u>	CLUDE SUFFIX)	

☐ \$78.75 Filing Fee

& Certified Copy

\$87.50

Filing Fee,

Certified Copy & Certificate of

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

	Status ADDITIONAL COPY REQUIRED
FROM: Henry Coll	rinted or typed)
1500 NW 89 CT	Suite 115
Doral Fl. 32 City, Sta	Iress Solo 2 The & Zip
253:285.52	

NOTE: Please provide the original and one copy of the articles.

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

The name of the corporation shall be: Wexxtra Pac Pre Lagine	Accessories, Corrugated Inc.
ARTICLE II PRINCIPAL OFFICE Principal street address	Mailing address, if different is:
1500 NW 89 CT Suite 115	
Doral F1 33172	
The purpose for which the corporation is organized is: Stri bution 0 + 400	ds è Product
	2 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
	A 1 8 7
The number of shares of stock is: //	PH 4: 0
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS	6. 4. 07 3. 4. 07
	e and Title Rasheed Collins
Address 1500 NW 89 CT Suite 115 Add	ress: 1500 NW 89CT SuitE115
Doral F1 33172	Doral F1 33172
_ CEO/ teesident	Director of Operation
Name and Title: Maria Alejandra Mercado Nam Address (500 NW 89 CT Suite 115 Add	e and Title: Nathaniel Johnson Jr
Address 500 NW 89 CT Suite 115 Add	ress: 1500 NW 89 CT Suite 115
Doral, Fl 33172	Doral, Fl 33172
V. P	Director of Sales
Name and Title: Henry Collins Nam	e and Title: Travia M Collins SR.
Address 1500 NW 89 CT Suite 115 Add	ress: 1500 NW 89 CT Suite 115
Doral F1 33172	Doral, F1 33172
Secretary	Drector of Finance

Name and Title:	Name and Title:
. Address	Address:
ABTICLE III - BECIETEBED ACENT	
The name and Florida street address (P.O. Box NOT acceptable) of	the registered agent is:
Name: Henry Callins	
Address: 1500 NW 89 CT Suite 1	15
Doral, F1 33172	
00100	
ARTICLE VII INCORPORATOR	
The name and address of the Incorporator is:	-1 sin
Name: Henry Collins	
Address: 1500 NW 89 CT Suite	TATLAMA IS
Doral F1 33172	P IT
120121, 11 22110	PH FO
ARTICLE VIII EFFECTIVE DATE:	
Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and canno	(OPTIONAL) t 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	
the document's effective date on the Department of State's records.	
Having been named as registered agent to accept service of process for	or the above stated corporation at the place designated in this
certificate, I am familiar with and accept the appointment as registered	ed agent and agree to act in this capacity
Muy alle	0/17/2020
Required Signature/Registered Agent	Date
I submit this document and affirm that the facts stated herein are document to the Department of State constitutes a third degree felony	true. I am aware that the fatse information submitted in a as provided for in s.817.155, F.S. / /
De la Collins	6/17/2020
Required Signature/incorporator	Date