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Florida Department of State
Division of Corporations
and Charitable Organizations
Filing Cover Sheet

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CORPORATIONS, FLORIDA

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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**FLORIDA PROFIT/NON PROFIT CORPORATION
JAXSON CAPITAL CORP.**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

(JUL 02 2020

T. SCOTT

2020 JUL -1 PM 4:30
JUL 02 2020

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: Jaxson Capital Corp.ARTICLE II PRINCIPAL OFFICEPrincipal street address
757 W Ave #809
Miami Beach, FL 33139Mailing address, if different is:
757 W Ave #809
Miami Beach, FL 33139ARTICLE III PURPOSEThe purpose for which the corporation is organized is: holding companyARTICLE IV SHARESThe number of shares of stock is: 100ARTICLE V INITIAL OFFICERS AND/OR DIRECTORSName and Title: Lauren Loynaz Name and Title: _____Address: President Address: _____757 W Ave #809
Miami Beach, FL 33139

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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TALLAHASSEE, FLORIDA

Name and Title: _____ Name and Title: _____
Address _____ Address: | _____

ARTICLE VI REGISTERED AGENT

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

Name: Lauren Loynaz
Address: 757 W Ave #809
Miami Beach, FL 33139

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Lauren Loynaz
Address: 757 W Ave #809
Miami Beach, FL 33139

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

Lauren Loynaz
Required Signature/Registered Agent

6/26/2020
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.

Lauren Loynaz
Required Signature/Incorporator

6/26/2020
Date