

P20000062624

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

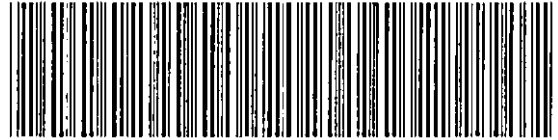
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000350272590

SECRETARY OF STATE
TALLAHASSEE, FL

2020 AUG 18 AM 9:01

FILED



2020 AUG 18 PM 1:23

RECEIVED

N CULLIGAN

AUG 19 2020

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 08/18/2020

****WALK IN****

ENTITY NAME BUXPAYS INC.

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 DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED \$70.00

ACCOUNT #: I20160000072

S. R. H.

Please call Tina at the above number for any issues or concerns. Thank you so much!

COVER LETTER

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

SUBJECT: **BUXPAYS Inc.**

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

☐ \$70.00 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: **ZENBUSINESS PBC**

Name (Printed or typed)

5900 BALCONES DR STE 5000

Address

AUSTIN, TX 78731

City, State & Zip

844-857-0422

Daytime Telephone number

leana@zenbusiness.com

E-mail address: (to be used for future annual report 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)

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ARTICLE I NAME

The name of the corporation shall be: BUXPAYS Inc.

2020 AUG 18 AM 9: 01

ARTICLE II PRINCIPAL OFFICE

Principal street address

SECRETARY OF STATE
TALLAHASSEE, FL

66 West Flagler Street

Suite 900

Miami, FL 33130

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Retail- Selling goods exclusively over the internet

ARTICLE IV SHARES

The number of shares of stock is: 10000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Christian Martin Dent-President

Address 66 West Flagler Street Suite 900

Miami, FL 33130

Name and Title: Christian Martin Dent-Director

Address: 66 West Flagler Street Suite 900

Miami, FL 33130

Name and Title: Christian Martin Dent- Secretary

Address 66 West Flagler Street Suite 900

Miami, FL 33130

Name and Title: Christian Martin Dent-Treasurer

Address: 66 West Flagler Street Suite 900

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

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: Registered Agents Inc.

Address: 7901 4th St N STE 300
St. Petersburg, FL 33702

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Christian Martin Dent

Address: 66 West Flagler Street Suite 900
Miami, FL 33130

2020 AUG 18 AM 9:01
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

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

/s/ Bill Havre

Required Signature/Registered Agent

08.17.2020

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.

/s/Christian Martin Dent

Required Signature/Incorporator

08.17.2020

Date