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Deirick Thompson

COVER LETTER

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

SUBJECT: GXI	H MANAGEMENT, INC		
	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	<u>UDE SÜFFIX</u>)
Enclosed are an or	riginal and one (1) copy of the art	icles of incorporation and	la check for:
∞ \$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	☐ \$87.50 Filing Fee. Certified Copy & Certificate of Status DPY REQUIRED
FROM: _	GEORGE HANLEY		
-	900 BAY DRIVE, UNIT 904	e (Printed or typed) Address	
_	MIAMI BEACH, FL 33141	C 6 7/	
	(312)399-5099	. State & Zip	
_	DPENCE@R2.ME	Felephone number	
	E-mail address: (to be use	d 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)

TRANSPORT NAME The name of the corporation	n shall be: GXH MANAGEMENT, IN	IC
RTICLE II PRINCII 900 BAY DRIVE, UNIT 9 MIAMI BEACH, FL 3314	incipal <u>street</u> address 104	Mailing address, if different is:
RTICLE III PURPOS he purpose for which the	<u>E'</u> corporation is organized is: FOR-PRO	FIT, PROFESSIONAL CORPORATION WHOSE
	PRIMAR	Y BUSINESS IS INVESTING.
<u></u>	Ock is: 1,000 OFFICERS AND/OR DIRECTORS GEORGE HANLEY, PRESIDENT	
Name and Title:_ Address	OOO DAY DRIVE LINET COA	Name and Title:
	MIAMI BEACH, FL 33141	
Name and Title:_		Name and Title:
Address _		
_		
		Name and Title:
Address _		Address:
_		

Name and	f Title:	Name and Title:
Address		Address:
ARTICLE VI	REGISTERED AGENT	
The name and Fl	orida street address (P.O. Box NOT acceptable)	of the registered agent is:
Name:	GEORGE HANLEY	· -
Address:	900 BAY DRIVE, UNIT 904	_
	MIAMI BEACH, FL 33141	_
ADTICLE LA	Weenbah (#en	
ARTICLEVII	<u>INCORPORATOR</u>	
The name and ad	Idress of the Incorporator is:	
Name:	GEORGE HANLEY	_
Address:	900 BAY DRIVE, UNIT 904	-
	MIAMI BEACH, FL 33141	_
Effective date, if		(OPTIONAL) not be more than five days prior or 90 days after the
	inserted in this block does not meet the applicab ffective date on the Department of State's records	e statutory filing requirements, this date will not be listed as
Having been nam certificate, I am fi	ned as registered agent to accept service of process amiliar with and accept the appointment as regist	for the above stated corporation at the place designated in this ered agent and agree to act in this capacity
	XI MY	9/1/2020
	Required Signalyre/Registered Agent	Date
	ument and affirm that the facts stated herein ar Department of State constitutes a third degree feld	e true. I am aware that the false information submitted in any as provided for in s.817.155, F.S. $8/1/2020$
Sequired Signatu	re/Incorporator	Date

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

The name of the corporati	on shall be: GXH MANAGEMENT, I	NC	
RTICLE II PRINCI 900 BAY DRIVE, UNIT MIAMI BEACH, FL 331	Principal <u>street</u> address 904		Mailing address, if different is:
RTICLE III PURPO ne purpose for which th	e corporation is organized is: FOR-PRO	OFIT, PROFESSION	
		4.1	
RTICLE IV SHARE. The number of shares of starticle V INITIAL	S ock is: 1,000 OFFICERS AND/OR DIRECTORS		
	GEORGE HANLEY, PRESIDENT	Name and Title	::
Address _	900 BAY DRIVE, UNIT 904 MIAMI BEACH, FL 33141	Address:	
- -		_	
Name and Title:_		Name and Title	<u> </u>
Address _		Address:	
- -		<u> </u>	
Name and Title:_		Name and Title	:
Address _		Address:	- 1440-1
_		<u></u>	
_			

Name and	d Title: No	ame and Title:
Address		ddress:
	-	
	<u>REGISTERED AGENT</u> <u>lorida street address</u> (P.O. Box NOT acceptable) of the	registered agent is:
Name:	GEORGE HANLEY	
Address:	900 BAY DRIVE, UNIT 904	
	MIAMI BEACH, FL 33141	
ARTICLE VII	INCORPORATOR	
The name and ad	Idress of the Incorporator is:	
Name:	GEORGE HANLEY	
Address:	900 BAY DRIVE, UNIT 904	
	MIAMI BEACH, FL 33141	
Effective date, if of	EFFECTIVE DATE: other than the date of filing: ate is listed, the date must be specific and cannot be	. (OPTIONAL) more than five days prior or 90 days after the
Note: If the date the document's ef	inserted in this block does not meet the applicable state ffective date on the Department of State's records.	atory filing requirements, this date will not be listed as
Having been name certificate, I am fa	ned as registered ugent to accept service of process for the amiliar with and accept the appointment as registered a	e above stated corporation at the place designated in this gent and agree to act in this capacity
	Required Signature/Registered Agent	
	ument and affirm thurthe facts stated herein are true. Department of State constitutes a third degree felony as f	I am aware that the false information submitted in a provided for in s.817.155, F.S. $8/1/2020$
Required Signature	re/Incorporator	Date