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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

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

	Email Address:	
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FLORIDA PROFIT/NON PROFIT CORPORATION PEXA WHOLESALE INC.

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

Electronic Filing Menu Corporate Filing Menu

Help

ARTICLES OF INCORPORATION In compliance with Chapter 607 (Profit)

ANAROL	NAME: The name of the corporation is:
	Pexa wholesale Inc.
A	RTICLE II PRINCIPAL OFFICE:
The pr	incipal street address and mailing address is:
	Fontainebleau Blvd Unit 104
	ni, FL 33172
	
ARTICLE III SHAI	RES: The number of shares of stock is:
ARTICLETY	INITIAL DIRECTORS AND/OR OFFICERS:
Paola	Josefina Rocca Villalobos (P)
	1.
ARTICLE V INIT	IAL REGISTERED AGENT AND STREET ADDRESS:
	reet address (PO Box not acceptable) of the registered agent is:
Paola J	osefina Rocca Villalobos
9417 F	ontainebleau Blvd Unit 104
	FL 33172
	DRPORATOR: The name and address of the Incorporator is:
Paola Jo	sefina Rocca Villalobos
9417 Fo	ntainebleau Blvd Unit 104

Miami, FL 33172

Required Signatures:

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

3052201440

11/02/2:020

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.

toola Kocca V.

11/02/2020 Date