

Division of Corporations Electronic Filing Cover Sheet

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To:				
	Division of Cor	porations	~ )	
	Fax Number	: (850)617-6381	070	
From:			КŮЙ	
	Account Name	: LAZARUS CORPORATE FILING SERVICE, INT.		•••
	Account Number		5	
	Phone	: (305)552-5973	0.	_
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		s for this business entity to be used for future ngs. Enter only one email address please.**	<del>ہ</del> ۔ 30	

FLORIDA PROFIT/NON PROFIT CORPORATION

NEXXT INTERNATIONAL INC.

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

2020 NOV -6 PH 12: 39

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

ARTICLE I NAME The name of the corporation	on shall be: Nexxt International Ir	IC.			
ARTICLE II PRINCI			g address, if different is:		
8220 Coral Way	<u> </u>	_			
		8220 Coral	8220 Coral Way		
Miami FL 33155		Miami FL	33155		
<u>ARTICLE III PURPO</u> . The purpose for which the	SE e corporation is organized is: <u>Ar</u>				
			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
<u>ARTICLE IV _ SHARE.</u> The number of shares of st	tack in: 500		21/20 KOV - (		
<u>ARTICLE_V INITIAL</u>	OFFICERS AND/OR DIRECTO	<u>RS</u>	6 PH -		
Name and Title:	Alvaro Rojas. President	Name and Title:			
Address	8220 Coral Way	Address	80 T		
	Miami FL 33155				
- Name and Title:					
Address _		Adver			
-					
Name and Title:_		Name and Title:			
Address _	······				
-					

Name and Title	;	Name and Titl	e:	
Address		Address:		

## <u>ARTICLE VI REGISTERED AGENT</u>

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

Name: Atvaro Rojas Address: 8220 Coral Way

Miami FL 33155

ARTICLE VII INCORPORATOR

. The name and address of the incorporator is:

Name:	Alvaro Rojas	
Address:	8220 Coral Way	
	Miami FL 33155	

## 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 offective date on the Department of State's records.

Having been named as registered agent to accept service of process for the above stated corporation of the place designated in this certificate, I any familiar with and accept the appointment as registered agent and agree to act in this capacity.

Required Signature/Registered Agent

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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 \$817.155, F.S.

Required Sid

11/4/20

Date