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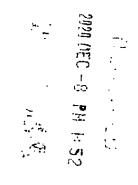
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

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CAPITAL CONNECTION, INC.417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

INNOEXX CORPORATION	Ì
	
	A m a C la c Cilla
	Art of Inc. File
	LTD Partnership File
	Foreign Corp. File
	L.C. File
	Fictitious Name File
	Trade/Service Mark
	Merger File
	Art. of Amend. File
	RA Resignation
	Dissolution / Withdrawal
	Annual Report / Reinstatement
	Cert. Copy
	Photo Copy
	Certificate of Good Standing
	Certificate of Status
	Certificate of Fictitious Name
	Corp Record Search
	Officer Search
	Fictitious Search
Signature	Fictitious Owner Search
•	Vehicle Search
	Driving Record
Requested by:	UCC 1 or 3 File
Name Date Time	UCC 11 Search
Date Time	UCC 11 Retrieval
Walk-In Will Pick Up	Courier

COVER LETTER

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

CITO IDAYE.	x Corporation		
SOBJECT.	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an ori	ginal and one (1) copy of the ar	ticles of incorporation and	d a check for:
□ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy	★ \$87.50 Filing Fee, Certified Copy & Certificate of Status ★ \$1.50 ★ \$1
		ADDITIONAL CO	PY REQUIRED
FROM:	seph.cillo Nam	e (Printed or typed)	
13	109 Thoroughbred Dr.		
Da	de City, Fl. 33525	Address	
	City	, State & Zip	
81	3-205-4616		
	Daytime 1	Telephone number	
pea	body47@aol.com		
	E-mail address: (to be use	d for future annual report r	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)

The name of the corpora	Innoexx Corporation		
ARTICLE II PRIN	CIPAL OFFICE Principal <u>street</u> address	Mailing a	ddress, if different is:
13109 Thoroughbred D)r.		
Dade City, Fl. 33525			
ARTICLE III PURP The purpose for which	OSE the corporation is organized is:		
sale and purchase of in	vestment grade collectables		
	·		<u> </u>
		<u> </u>	2
			020 DE
ARTICLE IV SHAR The number of shares of			
			· 6
 	AL OFFICERS AND/OR DIRECTORS Joseph Cillo, President		المعتاد الم
	e: Joseph Cillo, President 13109 Thoroughbred Dr.	Name and Title:	<u> </u>
Address	Dade City Fl. 33525	Address:	
	2440 019 11. 33323		
Name and Title	Joseph Cillo, Secretary	Name and Title:	
Address	13109 Thoroughbred Dr.	Address:	·
	Dade City. Fl. 33525		
Name and Title	<u>: </u>		
Address		Address:	
			

(Autic a)	nd Title:	Name and Title:
Addres	Address:	
ARTICLE VI	REGISTERED AGENT	
The name and F	lorida street address (P.O. Box NOT accepta Joseph Cillo	ble) of the registered agent is:
Name:	13109 Thoroughbred Dr.	
Addicas.	Dade City Fl. 33525	
ARTICLE VII	INCORPORATOR	
_	ddress of the Incorporator is:	
Name:	Joseph Cillo	
Address:	13109 Thoroughbred Dr.	
	Dade City Fl. 33525	
ADDICE LINE	DESCRIPTION DE LONG	
Effective date, if	EFFECTIVE DATE: Other than the date of filing: Filing Date	(OPTIONAL) cannot be more than five days prior or 90 days after the
(If an effective of filing.)	late is listed, the date must be specific and	cannot be more than five days prior or 90 days after the
Note: If the date	inserted in this block does not meet the appl	icable statutory filing requirements, this date will not be listed a
41a a	ffective date on the Department of State's rec	eords.
the document's c		
Having been nan	ned as registered agent to accept service of pro	cess for the above stated corporation at the place designated in t
Having been nan	ned as registered agent to accept service of pro familiar with and accept the appointment as re	egistered agent and agree to act in this capacity
Having been nan	familiar with and accept the appointment as re	egistered agent and agree to act in this capacity $12/8/2026$
Having been nan certificate, I am f	Required Signature/Registered Agen	rgistered agent and agree to act in this capacity 12/8/2020 Date n are true. I am aware that the false information submitted in
Having been nan certificate, I am f	familiar with and accept the appointment as re Required Signature/Registered Agen	t 12/8/2020 Date n are true. I am aware that the false information submitted in