

P200000 94235

(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



400356083364

12/08/20--01002--014 **87.50

2020 DEC -8 PM 1:52

2020 DEC -8 PM 2:11

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

Signature _____

Requested by:

Name _____ Date _____ Time _____

Walk-In _____ Will Pick Up _____

_____ 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 _____
_____ Fictitious Owner Search _____
_____ Vehicle Search _____
_____ Driving Record _____
_____ UCC 1 or 3 File _____
_____ UCC 11 Search _____
_____ UCC 11 Retrieval _____
_____ Courier _____

COVER LETTER

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

SUBJECT: Innoexx Corporation

(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

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Joseph.cillo

Name (Printed or typed)

13109 Thoroughbred Dr.

Address

Dade City, Fl. 33525

City, State & Zip

813-205-4616

Daytime Telephone number

peabody47@aol.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)

ARTICLE I NAME

The name of the corporation shall be: Innoexx Corporation

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

13109 Thoroughbred Dr.

Dade City, Fl. 33525

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

sale and purchase of investment grade collectables

ARTICLE IV SHARES

The number of shares of stock is: 20

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Joseph Cillo, President

Name and Title: _____

Address 13109 Thoroughbred Dr.

Address: _____

Dade City Fl. 33525

Name and Title: Joseph Cillo, Secretary

Name and Title: _____

Address 13109 Thoroughbred Dr.

Address: _____

Dade City. Fl. 33525

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

2020 DEC - 8 PM 2: 11

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: Joseph Cillo _____

Address: 13109 Thoroughbred Dr. _____

Dade City Fl. 33525 _____

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Joseph Cillo _____

Address: 13109 Thoroughbred Dr. _____

Dade City Fl. 33525 _____

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: Filing Date _____ (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

Required Signature/Registered Agent

12/8/2020
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.

Required Signature Incorporator

12/8/2020
Date