

P210000 22205

(Requestor's Name)

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☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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2021 MAR 10 PM 4:01

2021 MAR 10 AM 7:30

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-54372  
(850) 524-6243

\_\_\_\_\_  
(OFFICE USE ONLY)

**Business Name & Document Number, (if known):**

1. TXM Generations, Inc.

Name

Document Number (if known)

☒ Walk in

☐ Will wait

☒ Certified Copy

☐ Certificate of Status

**NEW FILINGS**

☐ Profit

☐ Not for Profit

☐ Limited Liability

☐ Domestication

☒ INC

☐ OTHER - Corp

**AMENDMENTS**

☐ Amendment

☐ Resignation of R.A. Officer/Director

☐ Change of Registered Agent

☐ Dissolution/Withdrawal

☐ Conversion

☐ Merger

**OTHER FILINGS**

☐ Annual Report

☐ Fictitious Name

☐ Statement of Authority

☐ APOSTIL ()

**COUNTRY**

**REGISTRATION/QUALIFICATIONS**

☐ Foreign Filing

☐ Limited Partnership

☐ Reinstatement

☐ Trademark

☐ Other

**EXAMINER'S INITIALS:** \_\_\_\_\_

**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: TXM Generations, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

4898 Tropicana Avenue

Cooper City, Florida 33330

Same address as principal office

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Any and all lawful purposes and businesses

**ARTICLE IV SHARES**

The number of shares of stock is: 100 Common Shares

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Carlos J. Rivera, President, Assistant Secretary and Director

Name and Title: \_\_\_\_\_

Address 4898 Tropicana Avenue

Address: \_\_\_\_\_

Cooper City, Florida 33330

Name and Title: Lance Hoeltke, Vice President, Secretary and Director

Name and Title: \_\_\_\_\_

Address 12532 Ridgemoor Drive

Address: \_\_\_\_\_

Prospect, Kentucky 40059

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

2021 MAR 10 AM 7:31

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: Carlos J. Rivera

Address: 4898 Tropicana Avenue

Cooper City, Florida 33330

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Carlos J. Rivera

Address: 4898 Tropicana Avenue

Cooper City, Florida 33330

**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 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*

Carlos Rivera

Required Signature/Registered Agent

3/9/21

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.*

Carlos Rivera

Required Signature/Incorporator

3/9/21

Date