

P22000003872

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP    WAIT    MAIL

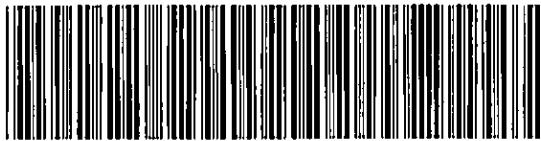
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

**Special Instructions to Filing Officer:**

Office Use Only



800378615338

2002 JAN 19 PM 3:04  
RECEIVED, DEPT. OF STATE  
100 FILIPPI, SEE, FL

卷之三

RECEIVED

2022 JAN 19 PM 2:09

**FLORIDA FILING & SEARCH SERVICES, INC.**  
**P.O. BOX 10662 TALLAHASSEE, FL 32302**  
**155 Office Plaza Dr Ste A Tallahassee FL 32301**  
**PHONE: (800) 435-9371; FAX: (866) 860-8395**

---

**DATE:** 1/19/22

**NAME:** FOREN6IX INC.

**TYPE OF FILING:** ARTICLES

**COST:** 70.00

**RETURN:** PLAIN COPY PLEASE

---

**ACCOUNT:** FCA000000015

**AUTHORIZATION:** ABBIE/PAUL HODGE

*A. Hodge*

---

## COVER LETTER

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

**SUBJECT:** Foren6ix Inc.  
(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      & Certificate of  
                    Status      Status

**ADDITIONAL COPY REQUIRED**

FROM: \_\_\_\_\_  
Name (Printed or typed)

Address

City, State & Zip

Daytime Telephone number

E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**

FILED

## 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: Foren6ix Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address  
6578 Costa Circle  
Naples, FL 34113

Mailing address, if different is:

### **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: all business activity legal under Florida law

#### ARTICLE IV SHARES

The number of shares of stock is: 1,000

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

Name and Title: Vincent Rochon President Name and Title: \_\_\_\_\_

Address 6578 Costa Circle Address: \_\_\_\_\_  
Naples, FL 34113

Name and Title: Dylan Rochon Director Name and Title:

Address 40 Country Club Drive Address: \_\_\_\_\_  
King City, Ontario L7B 1M5, Canada

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

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

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: Paracorp Incorporated

Address: 155 Office Plaza Drive, 1st Floor  
Tallahassee, FL 32301

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Frances Severe  
Address: 2804 Gateway Oaks Dr. #100  
              Sacramento, CA 95833

**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*

Joe Yorn Joe Gomez, ASST. Secretary  
Required Signature/Registered Agent

1/18/22  
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

Date \_\_\_\_\_

Required Signature/Incorporator

Date

卷之三