

P22000004081

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
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From: Account Name : GONGORA BIZ LEGAL CO., L.L.C.  
Account Number : I20210000096  
Phone : (786)578-5718  
Fax Number : (281)310-8796

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: 3xlandonline@gmail.com

FLORIDA PROFIT/NON PROFIT CORPORATION  
3XLAND Company

Certificate of Status	1
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COVER LETTER

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

SUBJECT: 3Xland Company  
(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 Filing Fee  
 \$78.75 Filing Fee & Certificate of Status

\$78.75 Filing Fee & Certified Copy  
 \$87.50 Filing Fee, Certified Copy & Certificate of Status  
**ADDITIONAL COPY REQUIRED**

FROM: QWT CORPORATE SERVICES  
Name (Printed or typed)

PO BOX 6335  
Address

Rock Island, IL 61204  
City, State & Zip

786-249-7887  
Daytime Telephone number

documents@sbcfinancial.org  
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

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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: 3XLand Company.

ARTICLE II PRINCIPAL OFFICE

Principal street address: 1317 Edgewater DR. Suite 4956  
Mailing address, if different is: P.O. Box 6335  
Orlando, FL 32804 Rock Island, IL 61204

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: any legal Purpose.

ARTICLE IV SHARES

The number of shares of stock is: 1500.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Rosa M. Hernandez, Pkce  
Address: P.O. Box 6335  
Rock Island, IL  
61204.

Name and Title: 3XLand Management Group LLC (Director)  
Address: 1309 Coppell Ave.  
Suite 200, Sheridan  
Wyoming, 82801.

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

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