## P22000018947

(Requestor's Name)				
(Address)				
(Address)				
(Cit	ty/State/Zip/Phone	<del>?</del> #)		
PICK-UP	WAIT	☐ MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer.				

Office Use Only



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ALLAHASSEE, FLOR

2022 MAR 14 PH 12: 5/3/2 HER 14 PH 1: 02

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## **COVER LETTER**

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

SUBJECT:	DELL X P	TE NAME - MUST INCL	NO C C C C		
Enclosed are an orig	inal and one (1) copy of the art	icles 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:	Tiffany Mam	arie Thui	162017		
4768 woodville highway					
Tallahrissee Flurida 32305					
		relephone number			
	E-mail address: (to be use	ade UVe 82 ed for future annual report	zagnail.com		

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 corporation shall be:	1 xluxe	Publish:	ing co.	_
ARTICLE II PRINCIPAL OFFICE Principal street a  47 68 LOCAL VITTE Tallarasee, Florida	ddress #57 1/19/404 2 32305	Z Mailing ad	Idress, if different is:	
ARTICLE III PURPOSE The purpose for which the corporation is Self and othe at a god specification of the composer write educational purposer for se	ers. To E d, to pub ing stript ipose. To	nvolve co lish books to the create join	rporations, music public f ins and	n C
highua	IND/OR DIRECTORS	Name and Title: Address:	LARY OF STATE	7022 KAR 114 PH 11: 02
Name and Title:	•	Name and Title:		
Name and Title:Address				

Name and Title:	Name and Title:	
Address	Address:	<del></del>
	<u></u>	
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of	f the registered agent is:	
Name: Atexandra Thompson	- 11	
Address: 4768 wood ville highwa		_
Tallahassee, Flurida 32	<b>3</b> 5	1972 F
ARTICLE VII INCORPORATOR		
The <u>name and address</u> of the Incorporator is:		ASSO P
Name. Tittany Thompson	- # 7	PM 1:03
Address: 4768 woodville high	way st	FATE OS
Address: 4768 woodville high	32305	, ,
ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: March 14 (If an effective date is listed, the date must be specific and cannilling.)	2022 . (OPTIONAL) not be more than five days prior or	90 days after the
Note: If the date inserted in this block does not meet the applicable the document's effective date on the Department of State's records	e statutory filing requirements, this	date will not be listed as
Having been named as registered agent to accept service of process certificate. I am familiar with and accept the appointment as regist	for the above stated corporation at the ered agent and agree to act in this ca	re place designated in this pacity
Required Signature/Registered Agent		March 14, 2022
I submit this document and affirm that the facts stated herein and document to the Department of State constitutes a third degree felo	e true. I am aware that the false in ny as provided for in s.817,155, F.S.	formation submitted in a
Required Signature/Incorporator	Date	March 14, 2022