

P22000063316

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

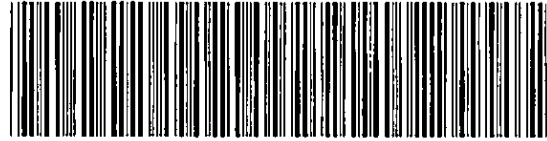
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer

Office Use Only



600392527746

09/15/22 10:00:00 AM +\$75.75

FILED  
2022 AUG 15 PM 6:13  
2022 AUG 15 PM 2:04  
RECEIVED  
STATE  
FALLS CHURCH, FLORIDA

## COVER LETTER

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

SUBJECT: NexxTRANet S.H.I.R.A.E. 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 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: Henry Collins  
Name (Printed or typed)  
1110 Brickell Ave Suite 430  
Address  
Miami FL 33131  
City, State & Zip  
646 804 8472  
Daytime Telephone number  
henry@Nexxtranet.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:

Nexxtranet S.H.I.R.A.E. INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1110 BRICKELL AVE SUITE 430  
MIAMI, FL 33131

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Share Ride, ~~Car~~  
Transportation Company.

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

Henry Collins/ P

Name and Title:

Address

1110 BRICKELL AVE  
SUITE 430  
MIAMI, FL 33131

Address:

Name and Title:

Ladonnis N Lucas/V.P.

Name and Title:

Address

1110 BRICKELL AVE  
SUITE 430  
MIAMI FL 33131

Address:

Name and Title:

Name and Title:

Address

Address:

FILED  
2022 AUG 15 PM 6:13  
CLERK OF DISTRICT COURT  
MIAMI, FL

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:

Henry Collins

Address:

1110 Brickell Ave Suite 430  
Miami, FL 33131

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name:

Henry Collins

Address:

1110 Brickell Ave Suite 430  
Miami, FL 33131

FILED  
2022 AUG 15 PM 6:18  
CLERK OF THE COURT  
STATE OF FLORIDA

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 8/11/2022 (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

Henry Collins  
Required Signature/Registered Agent

8/15/2022  
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.

Henry Collins  
Required Signature/Incorporator

8/15/2022  
Date