

P220006672750

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

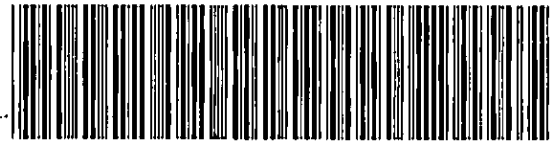
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SEP 21 2022



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

2022 SEP 21 PM 12:00

CLERK OF COURT
FRANCHISING
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Drexel White 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: Keith White
Name (Printed or typed)

10 SW South River Dr., # 911
Address

Miami, FL 33130
City, State & Zip

813-723-0973
Daytime Telephone number

K1whitebb@yahoo.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: Drexel White, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address
10 SW South River Dr #911
Unit 9
Miami, FL 33130

Mailing address, if different is:
10 SW South River Dr
Unit 911
Miami, FL 33130

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: General Consulting
Services Domestic and International

ARTICLE IV SHARES

The number of shares of stock is: 5,000,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Keith White, CEO Name and Title: _____
Address: 10 SW South River Dr Address: _____
Unit 911
Miami, FL 33130

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

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TALLAHASSEE, FLORIDA
DIVISION OF CORPORATIONS
FACILITATING VIDEO

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: Anthony Thomas
Address: 10144 Arbor Run Dr. Unit 9
Tampa, FL 33647

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Anthony Thomas
Address: 10144 Arbor Run Dr. Unit 9
Tampa, FL 33647

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: September 21, 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

Anthony Thomas
Required Signature/Registered Agent

10/21/22
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.

Keith White
Required Signature/Incorporator

Sept. 21, 2022
Date