

9/23/22, 12:39 PM

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Florida Department of State
Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION

(NXT) Global Management, Inc. Corp.

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COVER LETTER

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

SUBJECT: NXT Global Management, 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: Bradley Cook
 Name (Printed or typed)

4770 Biscayne Blvd., Suite 1400

Address

Miami, FL 33137

A PROFIT/NON PROFIT CORPORATION City, State & Zip

agent: NXT Global Management, Inc. 86-245-2312

Daytime Telephone number

E-mail address: Bcook@hudcap.com

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

Fee: \$87.50

FROM: A PROFIT/NON PROFIT CORPORATION

agent: NXT Global Management, Inc.

Daytime Telephone number

E-mail address: Bcook@hudcap.com

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

Fee: \$87.50

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 NAMEThe name of the corporation shall be: NXT Global Management, Inc.**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

4770 Biscayne Blvd., Suite 1400Miami, FL 33137**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: any and all lawful business.**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: William Chen, Dir., Pres., Tres., Sec.

Name and Title: _____

Address 4770 Biscayne Blvd., Suite 1400

Address: _____

Miami, FL 33137FL 33137FL 33137

ARTICLE VI CORPORATE SEAL		ARTICLE VII CORPORATE SEAL	
Name and Title:	Address:	Name and Title:	Address:
1. Name and Title: _____	Address: _____	1. Name and Title: _____	Address: _____
2. Name and Title: _____	Address: _____	2. Name and Title: _____	Address: _____
3. Name and Title: _____	Address: _____	3. Name and Title: _____	Address: _____
4. Name and Title: _____	Address: _____	4. Name and Title: _____	Address: _____
5. Name and Title: _____	Address: _____	5. Name and Title: _____	Address: _____
6. Name and Title: _____	Address: _____	6. Name and Title: _____	Address: _____
7. Name and Title: _____	Address: _____	7. Name and Title: _____	Address: _____
8. Name and Title: _____	Address: _____	8. Name and Title: _____	Address: _____
9. Name and Title: _____	Address: _____	9. Name and Title: _____	Address: _____
10. Name and Title: _____	Address: _____	10. Name and Title: _____	Address: _____

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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: Abraham A. Galbut, Esq.

Address: 4770 Biscayne Blvd., Suite 1400

Miami, FL 33137

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Abraham A. Galbut, Esq.

Address: 4770 Biscayne Blvd., Suite 1400

Miami, FL 33137

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**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*_____
Required Signature/Registered Agent Date: 9/23/22_____
Required Signature/Registered Agent Date: 9/23/22*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.**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: 9/23/22_____
Required Signature/Incorporator Date: 9/23/22_____
Name and Title: __________
Name and Title: _____

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