

9/25/23, 4:03 PM

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Florida Department of State  
Division of Corporations  
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To:  
Division of Corporations  
Fax Number : (850)617-6381

From:  
Account Name : AT PLUS CORP  
Account Number : I20140000060  
Phone : (305)406-3800  
Fax Number : (305)406-3999

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

Email Address: \_\_\_\_\_

FLORIDA PROFIT/NON PROFIT CORPORATION  
LXA INVESTMENTS CORP

Certificate of Status	0
Certified Copy	0
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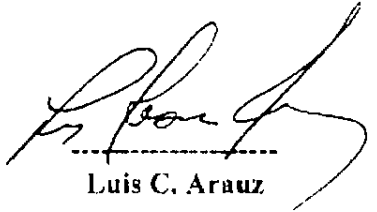
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## AFFIDAVIT

BEFORE ME, the undersigned authority, on this day personally appeared LUIS C. ARAUZ who after being firstly duly sworn, under oath, deposes and says:

1. The undersigned is also the sole Director and the President of **LXA INVESTMENTS CORP**, a Florida corporation to be filed with the Florida Department of State on or about SEPTEMBER 25, 2023.
2. The undersigned hereby consents to and authorizes the use by **LXA INVESTMENTS CORP**, of the name **LXA INVESTMENTS CORP**
3. The undersigned has personal knowledge of the fact and matter set forth herein and therefore has no intentions of reinstating the dissolved entity.

FURTHER AFFIANT SAYETH NAUGHT.

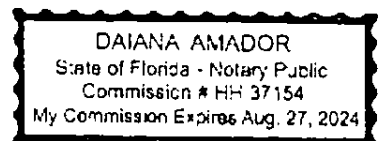
  
Luis C. Arauz

STATE OF FLORIDA           )  
  ) SS:  
COUNTY OF MIAMI-DADE )

PERSONALLY appeared before me, **Luis C. Arauz**, who is personally known to me, who being by my first duly sworn, acknowledges that he signed the foregoing for the purposes therein expressed.

Witness my hand and official seal this 25 day of September 2023.

  
Notary Public Signature



**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: LXA INVESTMENTS CORP

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

8180 NW 36 ST STE 406

DORAL FL 33166

**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: Luis C. ARAUJO (PRESIDENT) Name and Title: \_\_\_\_\_

Address 8180 NW 36 ST STE 406 Address: \_\_\_\_\_

DORAL FL 33166 \_\_\_\_\_

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

Address \_\_\_\_\_ Address: \_\_\_\_\_

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

Address \_\_\_\_\_ Address: \_\_\_\_\_

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CLERK OF COURT  
STATE OF FLORIDA

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: LUIS C. ARAUZO  
 Address: 8180 NW 36 ST STE 406  
Doral FL 33166

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: LUIS C. ARAUZO  
 Address: 8180 NW 36 ST STE 406  
Doral FL 33166

**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:*

LUIS C. ARAUZO

Required Signature/Registered Agent

09/25/2023

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.*

LUIS C. ARAUZO

Required Signature/Incorporator

09/25/2023

Date

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