

P23000070443

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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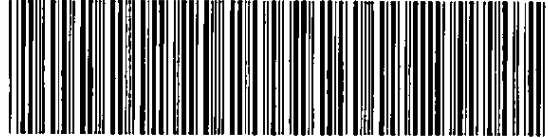
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

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10/03/23--01001--005 **87.50

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Billion Foxworth Capital 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Foxworth Enterprises Inc.
Name (Printed or typed)

1800 Pembroke Dr. STE 300
Address

Orlando, FL 32810
City, State & Zip

(407) 606-6895
Daytime Telephone number

info@foxworthenterprisesinc.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: Billion Foxworth Capital Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
1800 Pembroke Dr
STE 300
Orlando, FL 32810

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Conduct Business

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: DePaul Foxworth Director Name and Title: _____

Address 1800 Pembroke Dr Address: _____
STE 300
Orlando, FL 32810

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

2009

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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: DePaul Foxworth
Address: 1800 Pembroke Dr. STE 300
Orlando, FL 32810

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: DePaul Foxworth
Address: 1800 Pembroke Dr STE 300
Orlando, FL 32810

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:

DePaul Foxworth
Required Signature/Registered Agent

10/2/23
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.

DePaul Foxworth
Required Signature/Incorporator

10/2/23
Date