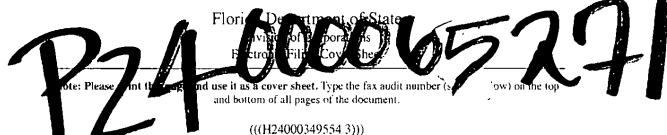
1 of 6

10/18/24, 5:01 PM

Division of Corporations





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To:

Division of Corporations

Fax Number : (850)617-6381

From: +14092046621 (Weexy Solutions)

From:

Account Name : WEEXY SOLUTIONS LLC

Account Number : I20240000023 Phone : (4071818-3682 : (4091204-6621 Fax Number

\*\*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 MINUTEFX CORP

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## **COVER LETTER**

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

Oct 18, 2024 17:05 (UTC-04)

SUBJECT: MINU	TEFX CORP		
-	(PROPOSED CORPORA	TE NAME - <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the art	icles of incorporation and	d a check for:
interescu are an orig	gniar and one (1) copy or the art	reles of meorporation and	a check for.
■ \$70.00	□ \$78.75	□ \$78.75	□ \$87.50
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
1 mig ree	& Certificate of Status	& Certified Copy	Certified Copy
		l commercial copy	& Certificate of
			Status
		ADDITIONAL CO	OPY REQUIRED
FROM-JES	SSICA DIRINGER		
i Rom.	Name Name	e (Printed or typed)	··
187	B Thetford Cir		
		Address	
ORI	LANDO, FL 32824		
	City.	State & Zip	
407	-8183682		
	Daytime 1	clephone number	
:#-	- Ouropy opposite the		
into	@weexyaccounting.com E-mail address: (to be use	d for future annual report i	notification)
			,

NOTE: Please provide the original and one copy of the articles.

To: +18506176383

Oct 18, 2024=17:05 (UTC-04)

LE II PRIN	CIPAL OFFICE		
	Principal street address	Mailing address, if diff	ferent is:
TLE ROSE LAN	E 206		-
ORT, FL 33896			
LE III PURF	POSE		
	the corporation is organized is: ANY AND	ALL LAWFULL BUSINESS	
	***************************************	<u> </u>	
		<del>-</del>	
LEIV SHAI	<u>RES</u> Estock is: 1000		
LE IV SHAI nber of shares o	<u>RES</u> f stock is: 1000		
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From: +14092046621 (Weexy Solutions)

Name ar	d Title:	Name and Title:
Address		Address:
	REGISTERED AGENT lorida street address (P.O. Box NOT accepta	ble) of the registered agent is:
	· ·	Net of the registered agent is.
Name:	WEEXY SOLUTIONS LLC	<del></del>
Address:	1878 THETFORD CIR	<u></u>
	ORLANDO FL 32824	
ARTICLE VII	<u>INCORPORATOR</u>	
The name and a	ddress of the Incorporator is:	
Name:	JHONATAN DE AMURIM QUEIROZ	
Address: 4111 L	4111 LITTLE ROSE LANE 206	
	DAVENPORT, FL 33896	<del></del>
ARTICLE VIII	EFFECTIVE DATE:	
Effective date, if (If an effective of filing.)	other than the date of filing: late is listed, the date must be specific and	cannot be more than five days prior or 90 days after the
	inserted in this block does not meet the appl ffective date on the Department of State's red	icable statutory filing requirements, this date will not be listed as cords.
		cess for the above stated corporation at the place designated in this gistered agent and agree to act in this capacity
JESSICA DIRING	GER ASSNADE	10/18/2024
	Required Signature/Registered Ager	t Date
	cument and affirm that the facts stated herei Department of State constitutes a third degree	n are true. I am aware that the false information submitted in a felony as provided for in s.817.155, F.S.
Jhonatan d	e Amurim queiroz	10/18/2024
Required Signatu		Date