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(Requestor's Name)

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PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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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: Orius - Florexil Inc
(PROPOSED COMPANY NAME) 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

2014 FEB 15 PM 01:47

FILING

FROM: Jodylyne Florexil
Name (Printed or typed)

1700 N Monroe St Ste 11-315
Address

Tallahassee, FL 32303
City, State & Zip

(561) 300-2062
Daytime Telephone number

JodylyneFlorexil@gmail.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: Orius - Florexil Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address
1091 Omar Pk
West Palm Beach, FL 33408

Mailing address, if different is:
1700 N Monroe St Ste
11-315 Tallahassee, FL
32303

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To engage ~~business~~ in any lawful
business for which corporations can be incorporated
under Chapter 607, Florida statutes. Specifically Orius
Incorporated will serve as a holding company. The
corporation is wholly owned by the Orius & Florexil
Revocable Trust.

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ARTICLE IV SHARES

The number of shares of stock is: 100 common shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jodyne Florexil President Name and Title: _____

Address: 1700 N Monroe St Address: _____
Ste 11-315
Tallahassee FL 32303

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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: Judlyne Florexi
Address: 1700 N Monroe St Ste 11-315
Tallahassee, FL 32303

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Judlyne Florexi
Address: 1700 N Monroe St Ste 11-315
Tallahassee, FL 32303

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 12/16/2024 (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

Judlyne Florexi
Required Signature/Registered Agent

12/16/2024
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.

Judlyne Florexi
Required Signature/Incorporator

Date 12/16/2024

Vertical text on the right side of the page, possibly a stamp or reference number.