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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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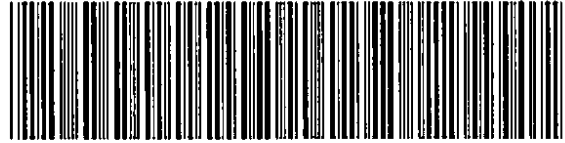
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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12/16/24-01015-005 70.00

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2024 DEC 16 PM 2:57  
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 CORPORATION) 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: Jodyne 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

JodyneFlorexil@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.

**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 Florexil

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

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Judlyne Florexil

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 Florexil  
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 Florexil  
Required Signature/Incorporator

Date 12/16/2024