

6/19/20
P20000045583
Division of Corporations
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

From: Account Name : LEGALINC CORPORATE SERVICES INC.
Account Number : I20180000011
Phone : (844)386-0178
Fax Number : (214)317-4754

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
XINTESIS, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$78.75

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Electronic Filing Menu

Corporate Filing Menu

Help

((H20000188831 3))

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:

XINTESIS, INC.

ARTICLE II PRINCIPAL OFFICE

Principal Street addresses mailing address:

5201 Blue Lagoon Drive,

Suite 800

Miami, Florida 33126

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:

1000 shares per value

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Name and Title:

Stephano Herrera da Silva President & Founder

Address:

5201 Blue Lagoon Drive

Suite 800

Miami, Florida 33126

Name and Title: Name and Title:

Anabel Sabio Rodriguez Vice President & Founder

Address:

5201 Blue Lagoon Drive

Suite 800

Miami, Florida 33126

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ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name:

Marlene Fernandez

Address:

300 West Park Drive 102 Miami, Florida 33172

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name:

Stephano Herrera da Silva

Address:

5201 Blue Lagoon Drive Suite 800 Miami, Florida 33126

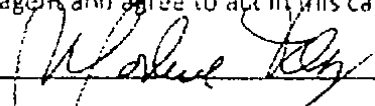
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing:

June 15, 2020

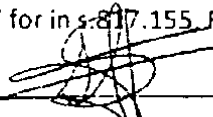
If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

 06/15/2020

Required Signature/Registered Agent 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.

 06/15/2020

Required Signature/Incorporator Date

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