P21000022205

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

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09/11/21--01001--009 **78.75

2021 SEP 10 AM 7:30

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-54372
(850) 524-6243

(OFFICE USE ONLY)

Business Name & Document Number, (if known):

1. TXM Generations, Inc.
Name **Document Number (if known)**

_x_ Walk in ____ Will wait

__X__ Certified Copy
_____ **Certificate of Status**

NEW FILINGS

____ Profit
____ Not for Profit
____ Limited Liability
_____ Domestication
__X___ INC

___ OTHER - Corp

AMENDMENTS

___ Amendment
____Resignation of R.A. Officer/Director
____Change of Registered Agent
____Dissolution/Withdrawal
____ Conversion

____Merger

OTHER FILINGS

____Annual Report

____Fictitious Name

_____ Statement of Authority

___APOSTIL ( )__
COUNTRY

REGISTRATION/QUALIFICATIONS

___Foreign Filing
___Limited Partnership
____Reinstatement

____Trademark
____Other

EXAMINER'S INITIALS:_____

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: TXM Generations, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
4898 Tropicana Avenue
Cooper City, Florida 33330

Mailing address, if different is:
Same address as principal office

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: Any and all lawful purposes and businesses

2021 MAR 10 AM 7:31

ARTICLE IV SHARES
The number of shares of stock is: 100 Common Shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Carlos J. Rivera, President, Assistant Secretary and Director
Address: 4898 Tropicana Avenue, Cooper City, Florida 33330

Name and Title:
Address:

Name and Title: Lance Hoeltke, Vice President, Secretary and Director
Address: 12532 Ridgemoor Drive, Prospect, Kentucky 40059

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
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: Carlos J. Rivera

Address: 4898 Tropicana Avenue

Cooper City, Florida 33330

ARTICLE VII INCORPORATOR

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

Name: Carlos J. Rivera

Address: 4898 Tropicana Avenue

Cooper City, Florida 33330

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

Carlos Rivera _____ 3/9/21

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.

Carlos Rivera _____ 3/9/21

Required Signature/Incorporator Date