

P210000 22205

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

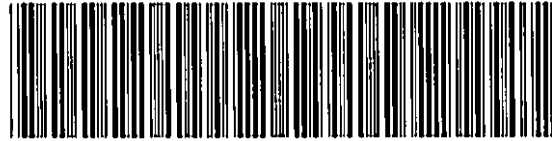
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000361730860

03/11/21--01001--009 **78.75

2021 MAR 10 PM 4:01

2021 MAR 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)

☒ Walk in

☐ Will wait

☒ Certified Copy

☐ Certificate of Status

NEW FILINGS

☐ Profit

☐ Not for Profit

☐ Limited Liability

☐ Domestication

☒ 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

Mailing address, if different is:

4898 Tropicana Avenue

Cooper City, Florida 33330

Same address as principal office

ARTICLE III PURPOSE

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

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

Name and Title: _____

Address 4898 Tropicana Avenue

Address: _____

Cooper City, Florida 33330

Name and Title: Lance Hoeltke, Vice President, Secretary and Director

Name and Title: _____

Address 12532 Ridgemoor Drive

Address: _____

Prospect, Kentucky 40059

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

2021 MAR 10 AM 7:31

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

Required Signature/Registered Agent

3/9/21

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

Required Signature/Incorporator

3/9/21

Date