

P23000082759

(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



900418426279

FILED

2023 DEC -1 PM 3:13  
SECRETARY OF STATE  
TALLAHASSEE, FL

RECEIVED

2023 DEC 11 PM 2:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FLORIDA FILING & SEARCH SERVICES, INC.**

**P.O. BOX 10662 TALLAHASSEE, FL 32302**

**155 Office Plaza Dr Ste A Tallahassee FL 32301**

**PHONE: (800) 435-9371; FAX: (866) 860-8395**

---

DATE:

12/1/23

NAME: JLEXASYSTEMS INC.

TYPE OF FILING: DOMESTICATION

COST: 128.75

RETURN: CERTIFIED COPY PLEASE

---

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE



---

COVER LETTER

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

SUBJECT: JLEXASYSTEMS INC

Enclosed is an original and one (1) copy of the Articles of Domestication and a check:

FEES:

Certificate of Domestication	\$ 50.00
Articles of Incorporation and Certified Copy	\$ 78.75
Total filing fee	\$128.75

OPTIONAL:

Certificate of Status	\$ 8.75
-----------------------	---------

From: Adrian Hernandez  
Name (printed or typed)  
1880 S OCEAN DR APT 903 W  
Address  
HALLOWELL BEACH FL 33009  
City, State & Zip  
954 235-4697  
Daytime Telephone Number  
JLEXASYSTEMSINC@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

Articles of Domestication  
Foreign Corporation Domesticating to Florida

The undersigned, ALAN HILLMAN VICE PRESIDENT  
(Name) (Title)

of DELTA SYSTEMS INC, a foreign  
corporation, in accordance with s. 607.11922, Florida Statutes, submit these Articles of  
Domestication.

1. Then name of the domesticating corporation is DELTA SYSTEMS INC  
(Foreign Corporation)
2. The jurisdiction and date of its formation is 6/11/2004 HAWAII
3. The name of the domesticated corporation is DELTA SYSTEMS INC
4. The jurisdiction of formation of the domesticated corporation is Florida
5. The domestication corporation is a foreign corporation and the domestication was  
approved in accordance with its organic law.
6. Attached are Florida Articles of Incorporation to complete the domestication  
requirements pursuant to s.607.0202, F.S.

I certify I am authorized to sign these Articles of Domestication on behalf of the corporation.

[Signature]  
(Authorized Signature)

2023 DEC -1 PM 3:13  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FL

**ARTICLES OF INCORPORATION**  
IN COMPLIANCE WITH CHAPTER 607, F.S.

**FILED**  
2023 DEC -1 PM 3:13  
SECRETARY OF STATE  
TALLAHASSEE, FL

**ARTICLE I NAME**

THE NAME OF THE CORPORATION SHALL BE

SUBSISTENCE INC

**ARTICLE II PRINCIPAL OFFICE**

THE PRINCIPAL PLACE OF BUSINESS/MAILING ADDRESS IS:

Principal Address

Mailing Address

1800 S OCEAN DR

APT 905 W FLEMING BL 33509

**ARTICLE III PURPOSE**

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

Auto TRANSPORTING

**ARTICLE IV SHARES**

THE NUMBER OF SHARES OF STOCK IS: 100

**ARTICLE VI REGISTERED AGENT AND STREET ADDRESS**

THE NAME AND FLORIDA STREET ADDRESS (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT IS:

Adrian Hernandez

1800 S OCEAN DR APT 905 W

FLEMING BL 33509

HAVING BEEN NAMED AS REGISTERED AGENT AND 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.

[Signature]  
Signature/Registered Agent

Date: 11/30/23

FILED

2023 DEC -1 PM 3:13

SECRETARY OF STATE  
TALLAHASSEE, FL

ARTICLE V DIRECTORS AND/ OR OFFICERS

THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:

Name & Title: ARM HERNANDEZ PRESIDENT Name & Title: \_\_\_\_\_

Address: 1370 S. OCEAN DR  
APT 903N

Address: \_\_\_\_\_

Name & Title: \_\_\_\_\_

Name & Title: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Name & Title: \_\_\_\_\_

Name & Title: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Name & Title: \_\_\_\_\_

Name & Title: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

I submit this document and affirm that the facts stated herein are true. I am aware that 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.

[Signature]  
Signature/Authorized Person

11/30/23  
Date