

8/14/24, 1:53 PM

P24000051985

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H24000272898 3)))



H2400027299834BC9

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

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

From:
Account Name : USACORP INC.
Account Number : I20130000019
Phone : (718)362-4789
Fax Number : (718)408-2550

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: Admin@XCapitalGRP.com

FLORIDA PROFIT/NON PROFIT CORPORATION
X Capital Group Corp.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

[Electronic Filing Menu](#)

[Corporate Filing Menu](#)

[Help](#)

((H24000272898 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: X Capital Group Corp.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

600 Three Islands Boulevard, Apt. 705

600 Three Islands Boulevard, Apt. 705

Hallandale Beach, FL 33009

Hallandale Beach, FL 33009

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: All legal activities

ARTICLE IV SHARES

The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Abraham Salomon Schwarz, Director

Name and Title: _____

Address 600 Three Islands Boulevard, Apt. 705

Address: _____

Hallandale Beach, FL 33009

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

((H24000272898 3)))

((H24000272898 3)))

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: Abraham Salomon Schwarz
Address: 600 Three Islands Boulevard, Apt. 705
Hallandale Beach, FL 33009

ARTICLE VII INCORPORATOR

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

Name: Abraham Salomon Schwarz
Address: 600 Three Islands Boulevard, Apt. 705
Hallandale Beach, FL 33009

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 business days prior or 90 business 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

/s/ Abraham Salomon Schwarz

08/14/2024

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.

/s/ Abraham Salomon Schwarz

08/14/2024

Required Signature/Incorporator

Date

((H24000272898 3)))