P00000046037

TRANSMITTAL LETTER

Date:				
Divis P.O. I Tallal	ment of State ion of Corporation Box 6327 nassee, Florida 32314	-	OD MAY -5 AN III 4) SECLE VIEW OF STATE TALLARADSEE, FLORID	
Subje	ct: VIRTUALINX, INC.			J
	I enclosed an original andes of Incorporation for the above in the amount of \$		s) of the 10032404 -05/05/00010 *****122.50	
From:	VICTOR M. GATO			
	9156 COLLINS AVE, #1	10		· · · · · · · · · · · · · · · · · · ·
	SURFSIDE FL City State	_33154 Zip		
	(305) 866 - 8352	·		
	Telephone Number			

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ARTICLES OF INCORPORATION OF	SEC (SEC)	00 HAY -5	5 E
VIRTUALINX, INC.	्रे प्रमात भ ा टा	ن ت	
ARTICLE I NAME	C STATE	AN11: 47	
The name of the corporation shall be:			
VIRTUALINX, INC.		•	
ARTICLE II PRINCIPAL OFFICE The principal place of business and mailing address of this corporation shall be:			
9156 COLLINS AVE, \$110			→
SURFSIDE, FL 33154			-
		······································	- -
ARTICLE III CAPITAL STOCK			
The number of shares of stock that this corporation is			
authorized to have outstanding at any one time is:			
→ 1000			_
			_

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:
VICTOR M. GATO
9156 COLLINS AVE, #110
SURFSIDE, FL 33154
•
ARTICLE V INCORPORATOR
The name and street address of the incorporator to these
Articles of Incorporation is: VICTOR M. GATO
9156 COLLINS AVE, #110
SURFSIDE, FL 33154
The undersign has executed these Articles of Incorporation
this 26 day of APRic @2000.

VICTOR M. GATO, Incorporator

CERTIFICATE OF DESIGNATION

REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.0501,

1. The name of the corporation is: VIRTUALINX, INC. 2. The name and address of the registered agent and office is: VICTOR M. GATO 9156 CSULINS AVE, #110 SURFSIDE, PL 3315Y Signature: Title: PRESIDENT Date: AFRIC 26, 2000 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 HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT. Signature: 1. The name of the corporation is: VICTOR M. GATO 9156 CSULINS AVE, #110 5045 JENE OF THE AGENT AND TO ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT. Signature: 1. THE PROPERTY OF THE PROPERTY OF THE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT. Signature: 1. THE PROPERTY OF THE PROPERTY OF THE PERFORMANCE OF MY POSITION AS REGISTERED AGENT. Signature: 1. THE PROPERTY OF THE PROPERTY OF THE PERFORMANCE OF MY POSITION AS REGISTERED AGENT.	Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.	-5 AM 11: 47
2. The name and address of the registered agent and office is: Victor M. Gato 9156	1. The name of the corporation is:	DE 7
Signature: PRESIDENT PRESIDENT	VIRTUALINX, INC.	
Signature:	2. The name and address of the registered agent and	
Signature:	•	
Signature: Title: PRESIDENT Date: APRIC 26, 2000 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 HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT. Signature: Signature	9156 COLLINS AVE, #110	
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Title: PRESIDENT Date: AFRIC 21, 2000 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 HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT. Signature:		
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D. + Δ PΩ (. 76, 7000	Date: APRIC 26, 2000	