

**000003180069-2**

OFFICE USE ONLY (Document #)

**LAZARUS CORPORATE FILING SERVICE, INC.**  
(Requestor's Name)

3320 S.W. 87th AVENUE  
(Address)

MIAMI, FLORIDA (305)552-5973  
(City, State, Zip) (Phone #)

LOCAL REPRESENTATIVE TALLAHASSEE

OFFICE USE ONLY

**CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):**

1. TELECOM GROUP INC.  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

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 00 MAR 22 AM 11:05  
 SECRETARY OF STATE  
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- Walk in   
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  Certified Copy
- Mail out   
  Will wait   
  Photocopy   
  Certificate of Status

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 -03/22/00--01067--026  
 \*\*\*\*\*78.75 \*\*\*\*\*78.75

| NEW FILINGS                         |                   |
|-------------------------------------|-------------------|
| <input checked="" type="checkbox"/> | Profit            |
| <input type="checkbox"/>            | NonProfit         |
| <input type="checkbox"/>            | Limited Liability |
| <input type="checkbox"/>            | Domestication     |
| <input type="checkbox"/>            | Other             |

| AMENDMENTS               |                                       |
|--------------------------|---------------------------------------|
| <input type="checkbox"/> | Amendment                             |
| <input type="checkbox"/> | Resignation of R.A., Officer/Director |
| <input type="checkbox"/> | Change of Registered Agent            |
| <input type="checkbox"/> | Dissolution/Withdrawal                |
| <input type="checkbox"/> | Merger                                |

| OTHER FILINGS            |                  |
|--------------------------|------------------|
| <input type="checkbox"/> | Annual Report    |
| <input type="checkbox"/> | Fictitious Name  |
| <input type="checkbox"/> | Name Reservation |

| REGISTRATION/QUALIFICATION |                     |
|----------------------------|---------------------|
| <input type="checkbox"/>   | Foreign             |
| <input type="checkbox"/>   | Limited Partnership |
| <input type="checkbox"/>   | Reinstatement       |
| <input type="checkbox"/>   | Trademark           |
| <input type="checkbox"/>   | Other               |

**RECEIVED**  
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 DIVISION OF CORPORATIONS  
 TALLAHASSEE, FLORIDA

Examiner's Initials

**ARTICLES OF INCORPORATION**

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TALLAHASSEE FLORIDA

The undersigned Incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

**ARTICLE I NAME**

The name of the corporation shall be:

X TELECOM GROUP - INC.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business and mailing address of this corporation shall be:

8450 SW 148th Pl.  
MIAMI FL 33193  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE III SHARES**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

**ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and address of the initial registered agent is:

CARL R. GONCALVES  
8450 SW 148th Pl.  
MIAMI FL 33193  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE V INCORPORATOR(S)**

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

CARL R. GONZALEZ      8450 SW 148th PL      MIAMI FL 33193

**ARTICLE VI DIRECTOR(S)**

The name(s) and street address(es) of the director(s) to these Articles of Incorporation is(are):

CARL R. GONZALEZ      8450 SW 148th PL      MIAMI FL 33193  
PRESIDENT.

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this 21 day of MARCH

Carl R. Gonzalez  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

00 MAR 22 AM 11:05  
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TALLAHASSEE FLORIDA  
**FILED**

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT 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 RELATED TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

Carl Gonzalez  
REGISTERED AGENT