TRANSMITTAL LETTER

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

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SUBJECT:

ON XA SHUTTERS MOTECTIAN FINC

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

\$70.00 Filing Fee

\$78.75
Filing Fee
& Certificate

□\$122.50

\$131.25

Filing Fee & Certified Copy Filing Fee, Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

FROM: PAMON / FRNANCEZ

Name (Printed or typed)

11653 Sw 3° St. # 106

Address

Mi Am; PL 33174

City, State & Zip

FILED

ON NOV 16 PH 4: 10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(305) 229-690× Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

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.

The name of the corporation shall be: ON J XA SINTERS	NAME PROTECTION	InC.	
ARTICLE II PRIM The principal place of business and mailing address of 11653 Sw. 3 ²¹ St #196 MIAWI FL 33174	CIPAL OFFICE f this corporation shall be:	SECRETARY OF STATE TALLAHÁSSEE, FLORIDA	00 NOV 16 PM 4: 10
ARTICLE III The number of shares of stock that this corporation is is:	SHARES authorized to have outstand	ding at any one	time

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and address of the initial registered agent is:

RAMON HERNANDEZ 11653 SW 34 St \$106 MIAMI: FC 33174

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

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

RAMON HERNA. 11653 Sw 3 St #	ndez	PRESI dest
11653 Sw 3 St #	P	
MiAMI FL 33174		

Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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.

1. The name of the corporation is:	ON YXA SHOTTERS N	POTECTION INC.
,	I FERNANCEZ (NAME)	OO NOV 16 P SECRETARY OF TALLAHASSEE, F
(P.O. B	SOX OF Mail Drop BOX NOT ACCEPTABLE) TL 33/74 (CITY/STATE/ZIP)	PII 4: 10 FLORIBA

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.

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