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Florida Department of State  
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To: Division of Corporations  
Fax Number : (850)922-4001

From: Account Name : FAS-T CORP. AGENTS, INC.  
Account Number : 071001002335  
Phone : (305)599-0839  
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FLORIDA PROFIT CORPORATION OR P.A.

ALEXCOX, INC.

Certificate of Status	0
Certified Copy	1
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**ARTICLES OF INCORPORATION**  
**OF**  
**ALEXCOX, INC.**

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

**ARTICLE I NAME**

The name of the corporation shall be:  
**ALEXCOX, INC.**

The principal place of business shall be:  
**2051 SW 61<sup>st</sup> AVE / MIAMI, FLORIDA 33155**

**ARTICLE II NATURE OF BUSINESS**

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the state of Florida, or any other state, country, territory or nation.

**ARTICLE III CAPITAL STOCK**

The aggregate number of shares of stock and its value that this corporation is authorized to have outstanding at any one time is: **1,000 at \$1.00**

**ARTICLE IV TERM OF EXISTENCE**

This corporation is to exist perpetually.

**ARTICLE V OFFICERS DIRECTORS**

The name(s) and street address(es) of the initial officer(s) and directors(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is (are) elected, is (are):

**INOCENTE A. MONTES - PRESIDENT**  
**2051 SW 61<sup>st</sup> AVE / MIAMI, FLORIDA 33155**

Prepared By: **Lotex Accounting & Associates**  
**5951 nw 151st Suite 104**  
**Miami Lakes, FL 33014**  
**Phone# (305) 828-4040**


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**ARTICLE VI INCORPORATOR(S)**

The name(s) and street address(es) of the incorporator(s) to this articles of incorporation is (are):

INOCENTE A. MONTES  
2051 SW 61<sup>st</sup> AVE  
MIAMI, FLORIDA 33155

Signature(s) of Incorporator(s)

  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CERTIFICATE OF DESIGNATION**  
**REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of Section 607.325, Florida Statutes, the Undersigned Corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered, in the State of Florida.

1. The name of the corporation:

**ALEXCOX, INC.**

2. The name and address of the registered agent and office is:

**INOCENTE A. MONTES**

**2051 SW 61<sup>ST</sup> AVE**

**(P.O. Box not acceptable)**

**MIAMI, FLORIDA 33155**

**(City/State/Zip)**

SIGNATURE  Inocente A. Montes.

TITLE PRESIDENT / Register Agent.

DATE 2-5-01

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

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