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

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Enclosed is an original and one(1) copy of the articles of incorporation and a check for *** 78.75

\$70.00 Filing Fee tificate of Status

Filing Fee & Certified Copy \$87.50

Filing Fee, Certified Copy

& Certificate of

Status

ADDITIONAL COPY REQUIRED

FROM: Michael Bellanti Name (Printed or typed)

Jacksonville, Fl 32246
City, State & Zip

(904) 379-3590 Daytime Telephone number

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

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

Axxis Investments, Inc. The name of the corporation shall be:

PRINCIPAL OFFICE

The principal place of business/mailing address is:

12850 Huntley Manor Drive Jacksonville, F1 32224

The purpose for which the corporation is organized is:

Professional Corporation

ARTICLE IV SHARES

The number of shares of stock is: 100

INITIAL OFFICERS(/DIRECTORS)(optional)

The name(s) and address(es):

Michael Bellanti

Anthony Bellanti

Robert Fankhauser

REGISTERED AGENT

The <u>name and Florida street address</u> of the registered agent is:

Michael Bellanti 12850 Huntley Manor Prive Jacksonville, Fl 32224

ARTICLE VII <u>INCORPORATOR</u>

The <u>name and address</u> of the Incorporator is:

Michael Bellanti

12850 Huntley Manor Drive

Jacksonville, F1 32224

***************** 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

Signature/Incorporator

NAME		ADDRESS	·		
hold harm including liability o as provide competen laws of th	any claim, lawsurf all of the directed by the laws of the jurisdiction that a state of	s and officers of the contit or proceeding againstors of the corporation in the State of, to	poration for any acts at any such director or shereby eliminated to unless it is established acted in bad faith an	d intentionally violated the	l ed
The unde	rsigned, who are	natural persons 18 years of, adopt t			
Signature State of F County of	WICHARL BE	ALL Signature			gu :
On the _/ before me presence.	e and, having pro	MC4, 15, the ven their identity satisf	actorily, signed the al	iduals personally appeare bove document(s) in my	d Muhael Becc
Notary 2	ablic State of				N similar
My Com	mission Expires	JUNE 24, 2002	SEAL		