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Florida Department of State  
Division of Corporations  
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To :  
Division of Corporations  
Fax Number : (850)205-0381

From:  
Account Name : FAS-T CORP. AGENTS, INC.  
Account Number : 071001002335  
Phone : (305)599-0839  
Fax Number : (305)716-0346

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## FLORIDA PROFIT CORPORATION OR P.A.

## SERVIEXCHANGE INC.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

## 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.

### ARTICLE I NAME

The name of the corporation shall be:  
Servixchange Inc.

### ARTICLE II PRINCIPAL PLACE OF BUSINESS

The principal place of business and mailing address of this corporation shall be:  
12770 NW 102 Ct.  
Hialeah Gardens, FL. 33016

### ARTICLE III CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is 1000 shares of common stock of a par value of one dollars. (\$ 1.00).

### ARTICLE IV NATURE OF BUSINESS

The general nature of the business to be transacted by this Corporation is shipping merchandise, and any other lawful business activities.

### ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Pedro N. Lopez  
12770 NW 102 Ct.  
Hialeah Gardens, FL. 33016

### ARTICLE VI INCORPORATOR(S)

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

Pedro N. Lopez  
12770 NW 102 Ct.  
Hialeah Gardens, FL. 33016

Martha L. Lopez  
12770 NW 102 Ct.  
Hialeah Gardens, FL. 33016

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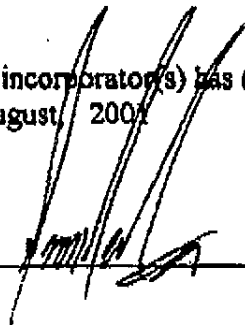
ARTICLE VII DIRECTOR(S)

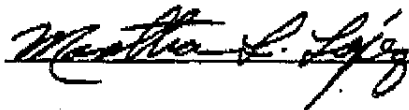
The name(s) and street address(es) of the director(s) to these Articles of Incorporation is (are):

Pedro N. Lopez  
12770 NW 102 Ct.  
Hialeah Gardens, FL. 33016

Martha L. Lopez  
12770 NW 102 Ct.  
Hialeah Gardens, FL. 33016

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this  
7<sup>th</sup> day of August, 2001

  
\_\_\_\_\_  
Signature

  
\_\_\_\_\_  
Signature

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

Pursuant to the provisions of sections 607.0501 or 617.0501, 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.

The name of the corporation is: Serviexchange Inc.

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

Pedro N. Lopez  
12770 NW 102 Ct.  
Hialeah Gardens, FL. 33016

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 

DATE: 7<sup>th</sup> day of August, 2001

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