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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

FLORIDA PROFIT CORPORATION OR P.A.

TRANSFAUXMATIONS, INC.

Certificate of Status	0
Certified Copy	1
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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B. McKnight AUG 27 2007

ARTICLES OF INCORPORATION
OF
TRANSFAUXMATIONS, INC.

The undersigned incorporator(s), for the purpose of 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:
TRANSFAUXMATIONS, INC.

The principal place of business of this corporation shall be:

28071 Winthrop Circle
Bonita Springs, FL 34134

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, any other state, country, territory or nation.

ARTICLE III CAPITAL STOCK

The aggregate number of stocks and its value that this corporation is authorized to have outstanding at one time is: 1000 shares, \$1.00 par

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

Prepared By:
Century Small Business Solutions
606 Bald Eagle Dr. #601
Marco, Island, FL 34145
(941) 389-9555

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TALLAHASSEE, FLORIDA

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):

Laurie Mims
28071 Winthrop Circle
Bonita Springs, FL 34134

ARTICLE VI INCORPORATOR(S)

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

Laurie Mims
28071 Winthrop Circle
Bonita Springs, FL 34134

IN WITNESS WHEREOF, the undersigned incorporator(s) has(have) executed these Articles of Incorporation this 27th of August, 2001

Signature of Incorporator(s)

Laurie Mims

[Signature]
Witness

**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 agent, in the State
of Florida.

1. The name of the corporation:

Transfauxmations, Inc.

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

Laurie Mims
28071 Winthrop Circle
Bonita Springs, FL 34134

SIGNATURE Laurie Mims
TITLE President
DATE 8/27/01

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.

SIGNATURE Laurie Mims
DATE 8/27/01

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TALLAHASSEE, FLORIDA

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