PHONE NO. : 19549665273

Nov. 02 2001 11:36AM P1

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Florida Department of State

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To:

Division of Corporations

Fax Number : (850)205-0381

From:

Account Name : M.A.V. CORPORATE SERVICES

Account Number : I20000000007 Phone : (954)989~4530 Fax Number : (954)966-5273 01 NOV -2 AM II: 16 SECRETARY OF STATE MAI I AHASSEE, FLORIDA

FLORIDA PROFIT CORPORATION OR P.A.

CALIXES INC.

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

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Nov. 02 2001 11:37AM P2

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ARTICLES OF INCORPORATION

OF

CALIXES 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: CALIXES INC.

O1 NOV -2 AN II:
SECRETARY OF STATE
TALLAHASSEE, FLOSII

The principal place of business of this corporation shall be:

200 GALEN DR. SUITE #309

KEY BISCAYNE, FLA. 3

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 par value that this corporation is authorized to have outstanding at any one time is: ONE HUNDRED 1 DOLLAR PAR VALUE

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 director(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):

INES DEL PILAR CORRALES

200 GALEN DR. SUITE #309

KEY BISCAYNE, FLA. 33149

MARIA CECILIA AMBROSINO

200 GALEN DR. SUITE #309 KEY BISCAYNE, FLA. 33149

(((H01000111827 1)))

1 of 3

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Nov. 02 2001 11:37AM P3

(((H01000111827 1)))

ARTICLES VI INCORPORATOR(S)

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

INES DEL PILAR CORRALES P/D

200 GALEN DR. SUITE 309 KEY BISCAYNE, FLA. 33149

MARIA CECILIA AMBROSINO VP/D

200 GALEN DR. SUITE 309 KEY BISCAYNE, FLA. 33149

	y of NOVEMBER 2001.
	Signature(s) of Incorporator(s)
	MARIA CECILIA AMEROSINO
,	***
STATE OF FLORIDA COUNTY OF BROWARD	
THE FOREGOING instrument was	acknowledged and sworn to before me this
1ST day of NOVEMBER 2001 AND MARIA CECILIA AMBROS:	(Name of Incorporator)
ofCALIXES INC.	
	(Name of Corporation)
(SEA() HO1000111827 1)))	Notary Public Miguel A Vivencos *** Any Commission CC908084 My Commission Expires: Expires March 28, 2004

2 of 3

PHONE NO. : 19549665273

Nov. 02 2001 11:38AM P4

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CERTIFICATE DESIGNATING 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 is:CALIXES INC.			
2.	The name and address of the registered agent and office is:	SECRETAR		
	200 GALEN DR. SUITE #309	F. C.		
	(P. O. BOX NOT ACCEPTABLE)	- 52 -		
	KEY BISCAYNE, FLA. 33149	TATE	-	
	(CITY/STATE/ZIP)		2	
	SIGNATURE · P. Lomale			
	(Corporate Off	licer)		
TITLEPRESIDENT/DIRECTOR				
	DATE11-01-01			
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 (Registered Ag	ent)		
	DATE11-01-01			

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