XPRESS CORPORATE FILING SERVICE INC (Requestor's Name) 1000 PONCE DE LEON BLVD. STE: 101 CORAL GABLES, FL 33134 305-444-4994 (City, State, Zip) (Phone #) OFFICE USE ONLY CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known): (Document #) (Corporation Name) (Document #) (Document#) 800004674138 (Corporation Name) (Corporation Name) (Document #) Walk in Pick up time Certified Copy Will wait Photocopy Certificate of Status Mail out **NEW FILINGS AMENDMENTS** Profit Amendment Resignation of R.A., Officer/Director NonProfit Limited Liability Change of Registered Agent Dissolution/Withdrawal Domestication Merger Other REGISTRATION/ OTHER FILNGS QUALAFICATION Annual Report Foreign Fictitious Name Limited Partnership Name Reservation Reinstatement Trademark Other Examiner's Initials

ARTICLES OF INCORPORATION FOR

Caxem, Inc.

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The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

CAXEM, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

2070 NW 79th ave. Suite 204 Minni, 71 32122

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have shall be:

1,000,000

ARTICLE IV REGISTERED AGENT

The name and Florida street address of the initial registered agent shall be:

Dictier Plan 2070 aw 79+haur + 204 Miami 7/ 33122

ARTICLE V INCORPORATOR

The name and address of the incorporator(s) to these Articles of Incorporation shall be:

Didier Pilon 2070 NW 79 aul #204 Liami, FL 33122

Signature of Incorporator

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ARTICLE VI DIRECTOR(S)/OFFICER(S)

The name(s) and address(es) of the Director(s)/Officer(s) shall be:

Didier PILON president

Sandra Rodriguez Secretary NW 79 ave #204, Miani, FC

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in the articles, 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

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HASSEE FLORID
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