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April 2, 2002

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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
02 APR -4 PM 7:37

SUBJECT: Corp

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

\$70.00 \$78.75 \$122.50 \$131.25

Filing Fee Filing Fee & Certificate Filing Fee & Certified Copy Filing Fee, Certified Copy & Certificate

ADDITIONAL COPY REQUIRED

FROM: Jeffrey Sherman
810 63rd Avenue N.
St. Petersburg, FL 33702
(727) 520-8888

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*****70.00 *****70.00

NOTE: Please provide the original and one copy of the ARTICLES OF INCORPORATION

F. CHESSER APR 1 1

ARTICLES OF INCORPORATION
of
VEXX, INC.

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: VEXX, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 3874 Tampa Road, Oldsmar, Florida., 34677.

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: One thousand at \$1.00 par value

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

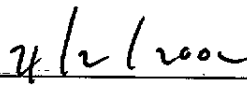
The name and Florida street address of the initial registered agent are: Jeffrey Mark Sherman, 3874 Tampa Road, Oldsmar, Florida, 34677.

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are: Jeffrey Mark Sherman, 3874 Tampa Road, Oldsmar, Florida, 34677.



Signature/Incorporator

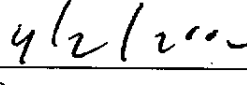


Date

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 provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations the obligations of my position as registered agent



Signature/Registered Agent



Date

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