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April 2, 2002

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

SUBJECT: Corp

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

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

O \$70.00      O \$78.75      O \$122.50      O \$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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-04/04/02--01047--003  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

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

F. CHESSEY APR 11

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.

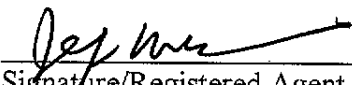
ARTICLE V INCORPORATOR

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

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
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