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TRANSMITTAL LETTER

FILED

02 JUL 26 AM 8:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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-07/26/02--01019--003
*****78.75 *****78.75

SUBJECT: XOLOGIES, INC.
(Proposed corporate name - must include suffix)

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

☐ \$70.00
Filing Fee

☒ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: XOLOGIES, INC.
Name (Printed or typed)

3846 CURRY FORD RD
Address

ORLANDO, FL 32806
City, State & Zip

(407) 896-7113
Daytime Telephone number

PLEASE MAILED TO:

MASTER TAX SERVICE, INC.
3846 CURRY FORD RD.
ORLANDO, FL 32806

NOTE: Please provide the original and one copy of the articles.

VI 7-29-02

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ARTICLES OF INCORPORATION

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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.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

XOLOGIES, INC.

ARTICLE II PRINCIPAL OFFICE

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

406 EAGLE CIRCLE
CASSELBERRY, FL 32707

ARTICLE III SHARES

The number of shares of stocks that this corporation is authorized to have outstanding at any one time is:
10,000 shares at a par value of \$1.00 ea

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

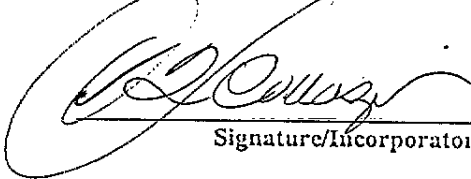
The name and Florida street address of the initial registered agent are:

JONATHAN COLLAZO
406 EAGLE CIRCLE
CASSELBERRY, FL 32707

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Please see attached page.

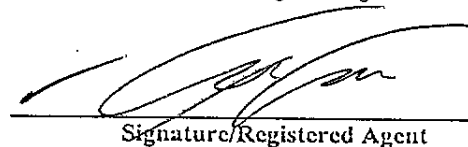


Signature/Incorporator

7/19/02
Date

(An additional article must be added if and effective date is requested.)

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 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/Registered Agent

7/19/02
Date

NAME AND ADDRESS OF THE INCORPORATOR
ARTICLE V

JOSE L. COLLAZO, President
406 EAGLE CIRCLE
CASSELBERRY, FL 32707

LIDUVINA COLLAZO, VICE-PRESIDENT
406 EAGLE CIRCLE
CASSELBERRY, FL 32707

JONATHAN COLLAZO, TREASURY
406 EAGLE CIRCLE
CASSELBERRY, FL 32707

JENELLE COLLAZO, SECRETARY
406 EAGLE CIRCLE
CASSELBERRY, FL 32707