

TRANSMITTAL LETTER  
**P02000103309**

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

**SUBJECT:** DELIVERX, Inc.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

500007946565--9  
-09/23/02--01052--019  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

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

☐ \$70.00 Filing Fee  
☒ \$78.75 Filing Fee & Certificate of Status

☐ \$78.75 Filing Fee & Certified Copy  
☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status  
**ADDITIONAL COPY REQUIRED**

**FROM:** Omar Hurtado  
Name (Printed or typed)

11337 West Flagler Street  
Address  
Miami, FL 33174  
City, State & Zip  
305-228-0215  
Daytime Telephone number

FILED  
02 SEP 23 AM 9:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

*g/g/25*

# ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

## **ARTICLE I NAME**

The name of the corporation shall be:

DELIVERX, Inc.

## **ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

14901 SW 82 Terrace, Suite 207  
Miami, FL 33193

## **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Marketing and Advertising

## **ARTICLE IV SHARES**

The number of shares of stock is:

2,000

## **ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)**

The name(s), address(es) and title(s):

Omar Hurtado - President and Secretary  
11337 West Flagler Street  
Miami, FL 33174

## **ARTICLE VI REGISTERED AGENT**

The name and Florida street address of the registered agent is:

Omar Hurtado  
11337 West Flagler Street  
Miami, FL 33174

## **ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Omar Hurtado  
11337 West Flagler Street  
Miami, FL 33174

\*\*\*\*\*

*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

\_\_\_\_\_  
Signature/Registered Agent

8/31/2002

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature/Incorporator

8/31/2002

\_\_\_\_\_  
Date

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