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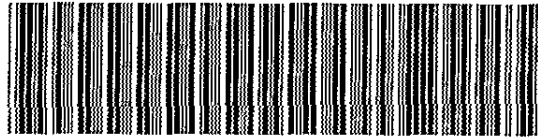
(Business Entity Name)

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Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

2/2/11

TRANSMITTAL LETTER

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

SUBJECT: M.I.N.X., INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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: Mimi Lawrence & Associates
Name (Printed or typed)

4550 NE 2nd Terrace
Address

Fort Lauderdale, FL 33334
City, State & Zip

(954) 202-0696
Daytime Telephone number

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

ARTICLES OF INCORPORATION

OF

M.I.N.X., INC.

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

ARTICLE I - CORPORATE NAME

The name of the corporation is: **M.I.N.X., INC.**

The address of the corporation is:

871 W. Oakland Park Blvd.
Oakland Park, FL 33309

County of Broward

ARTICLE II - NATURE OF BUSINESS

This corporation is organized for the purpose of engaging in or transacting any or all lawful activities or business permitted under the laws of the United States and the State of Florida.

ARTICLE III - CAPITAL STOCK

This corporation is authorized to issue FIVE HUNDRED (500) shares of ONE DOLLAR (1.00) par value Common Stock, which shall be designated "Common Shares".

ARTICLE IV - TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The name and address of the Initial Registered Agent is:

Miguel A. Castro-Núñez
717 Garden Dr. Apt. 204
Pompano Beach, FL 33069

ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have Two (2) directors initially. the number of directors may be either increased or diminished from time to time by the Bylaws, but shall never be less than two (2). The names and addresses of the directors are as follows:

Miguel A. Castro-Nuñez
717 Garden Dr. Apt. 204
Pompano Beach, Fl 33069

Winston S. Mullings
#7501 NW 3rd. Court
Plantation, Fl 33317

ARTICLE VII - INCORPORATORS

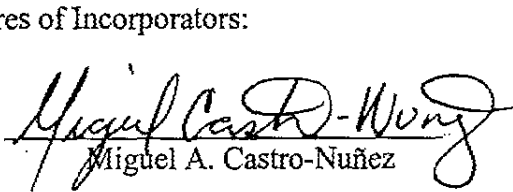
The names and addresses of the undersigned incorporators is as follows:

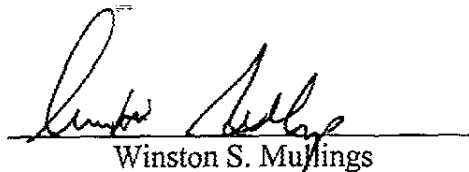
Miguel A. Castro-Nuñez
717 Garden Dr. Apt. 204
Pompano Beach, Fl 33069

Winston S. Mullings
7501 NW 3rd. Court
Plantation, Fl 33317

IN WITNESS WHEREOF, the undersigned incorporators has executed these Articles of Incorporation this 8th day of November 2002.

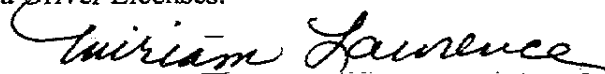
Signatures of Incorporators:


Miguel A. Castro-Nuñez


Winston S. Mullings

State of Florida)
)SS
County of Broward)

THE FOREGOING instrument was acknowledged, and sworn before me this 8th day of November, 2002, by Miguel A. Castro-Nuñez & Winston S. Mullings, incorporators of M.I.N.X., INC. who are personally known to me or who has provided the following identification: Florida Driver Licenses.



Miriam Lawrence, Notary Public

Miriam Lawrence



(Notary Seal)

Miriam Lawrence
MY COMMISSION # CC857420 EXPIRES
July 25, 2003
BONDED THRU TROY FARM INSURANCE, INC.

My Commission Expires: July 25, 2003.

CERTIFICATE DESIGNATING

REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is: **M.I.N.X., INC.**

2. The name and address of the registered agent and office is:

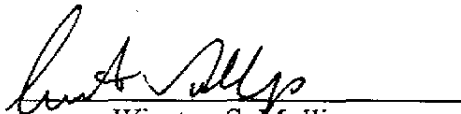
Miguel A. Castro-Núñez
717 Garden Dr. Apt. 204
Pompano Beach, Fl 33069

County of Broward

Signature of Incorporators:

Date: 11/8/02

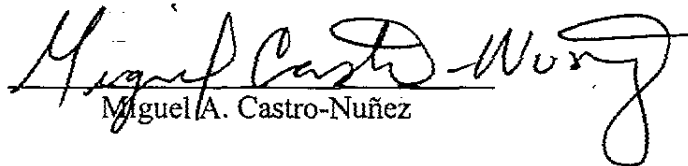

Miguel A. Castro-Núñez


Winston S. Mullings

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325 FLORIDA STATUTES.

Date: 11/08/02

Signature of Registered Agent


Miguel A. Castro-Núñez

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SECRETARY OF STATE
TALLAHASSEE FLORIDA