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Florida Department of State

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Account Number : 104662003400

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: (516)935-3940

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FLORIDA PROFIT CORPORATION OR P.A.

Xaysana Corporation

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$78.75

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Xaysana Corporation

ARTICLE II PRINCIPAL OFFICE

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

Xaysana Corporation

5159 West Colonial Drive Orlando, FI 32808

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1500 Shares at No Par Value

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Oudomxuy Xaysana 5159 West Colonial Drive Orlando, Fl 32808

Prepared By:
Bruce B. Hubbard
77 East John St.
Hicksville, New York 11801
1-516-935-3940

SECTION ASSESSED FOR STATES

ARTICLES V INITIAL OFFICER(S)/DIRECTOR(S)

The name(s) and street address(es) and title(s) to these Articles of Incorporation is(are):

Oudomxay Xaysana - President 5159 West Colonial Drive Orlando, Fl 32808

ARTICLES VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Oudomxay Xaysana 5159 West Colonial Drive Orlando, Fl 32808

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

10th day of February 2003.

Ondomxay Xaysana - Signature

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN THE DESIGNATING THE REGISTERED OFFICE/AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is:	Xaysana Corporation	
2. The name and address of the regist	ered agent and office is:	
	Oudomxay Xaysana	
a see the second of the second	Name	
	5159 West Colonial Drive	
	(P.O. Box or Mail Drop Box NOT Acceptable)	
	Orlando, FI 32808	
	(City / State / Zip)	— .:
corporation at the place designate agent and agree to act in this capa	agent and to accept service of process for the above state d in this certificate, I hereby accept the appointment as re city. I further agree to comply with the provisions of all to e performance of my duties, and am familiar with and accepted agent.	egistered he statutes
Chalomit X	February 10th, 200	3

Oudomxay Xaysana

SIGNATURE

(Date)