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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

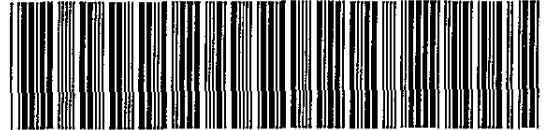
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03 OCT -8 AM 11:13  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

FILED

**DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314**

**TRANSMITTAL LETTER**

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

**SUBJECT: ALYALEX, 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	\$78.75
Filing Fee	Filing Fee & Certificate

**FROM: ROBERT COSENZA**  
Name(Printed or typed)

**6431 HUDSON BAY LANE**  
Address

**LAKE WORTH, FL 33467**  
City, State & Zip

**(954)461-6509**  
Daytime Telephone number

## 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.

**FILED**  
03 OCT -8 AM 11:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

### ARTICLE I NAME

The name of the corporation shall be:

ALYALEX, INC.

### ARTICLE II PRINCIPAL OFFICE

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

6431 HUDSON BAY LANE  
LAKE WORTH, FL 33467

### ARTICLE III SHARES

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

5000 common shares, par value \$1.00 per share

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

ROBERT COSENZA  
6431 HUDSON BAY LANE  
LAKE WORTH, FL 33467

**ARTICLE V**  
**INCORPORATOR(S)**  
**See instructions for officers/directors**

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

ROBERT COSENZA  
6431 HUDSON BAY LANE  
LAKE WORTH, FL 33467

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this 1st day of October, 2003.  
(An additional article must be added if an effective date is requested.)

Robert Cosenza  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

**FILED**

**Notarization is not required  
CERTIFICATE  
OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

**03 OCT -8 AM 11:13**

**SECRETARY OF STATE  
TALLAHASSEE FLORIDA**

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 DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

**1. The name of the corporation is: ALYALEX, INC.**

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

**ROBERT COSENZA**  
(Name)

**6431 HUDSON BAY LANE**  
(P.O. Box or Mail Drop Box **NOT** Acceptable)

**LAKE WORTH, FL 33467**  
(City/State/Zip)

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.

**Robert Cosenza**  
(Signature)

**10-1-03**  
(Date)