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TRANSMITTAL LETTER

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

SUBJECT: Con	nmX Holdings, Inc. (PROPOSED CORPORA)	'E NAME – <u>MUST INCLI</u>	UDE SUFFIX)		
Enclosed are an orig	ginal and one (1) copy of the artic	les of incorporation and	a check for:		
□ \$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status		□ \$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED		
FROM:	S. Allison Hicks, Esq.	2			
	Name (Printed or typed)			
3550 Buschwood Park Drive, Suite 320 Address					
					SI/AIK 3S
Tampa, FL 33618-4450				8 I NOF 40	
	City, S	State & Zip			- 주무구 - (-)
	813-933-6767 Ext. 108			PH I	
	Daytime Te	lephone number		د ا :	er green

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

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:

CommX Holdings, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 3550 Buschwood Park Drive, Suite 320

Tampa, FL 33618-4450

ARTICLE III **PURPOSE**

The purpose for which the corporation is organized is:

To engage in or transact any and all lawful activites or business permitted in Florida.

ARTICLE IV SHARES

The number of shares of stock is: 15 Million Shares (15,000,000)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Michael A. Viren, PhD: Chief Executive Officer

Oscar J. Williams: President Daniel Montague: Secretary

ARTICLE VI REGISTERED AGENT

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

S. Allison Hicks, Esq. 3550 Buschwood Park Drive, Suite 320 Tampa, Florida 33618-4450

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Oscar J. Williams 3550 Buschwood Park Drive, Suite 320 Tampa, Florida 33618-4450

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 S. ALLISON HICKS

Signature/Incorporator OSČARJ. WILLIAMS

14/04

TRANSMITTAL LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 CommX Holdings, Inc. SUBJECT: (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 □ \$78.75 \$78.75 \$87.50 Filing Fee Filing Fee Filing Fee Filing Fee, & Certificate of Status & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED S. Allison Hicks, Esq. FROM: Name (Printed or typed) 3550 Buschwood Park Drive, Suite 320 Address Tampa, FL 33618-4450 City, State & Zip 813-933-6767 Ext. 108 Daytime Telephone number

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

ARTICLES OF INCORPORATION

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Signature/Registered Agent 5-ALLISON HICKS

Date

Signature/Incorporator

Signature/Incorporator

Signature/Incorporator

Signature/Incorporator

Signature/Incorporator

Date

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