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EXPRESS CORPORATE FILING SERVICE INC.

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CORAL GABLES, FL 33134 (305) 444-4994

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**CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):**

1. NXM Corporation  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

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NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

May 4, 2005

EXPRESS CORPORATE FILING SERVICE

SUBJECT: J.G.P. INVESTMENTS CORP  
Ref. Number: W05000022454

We have received your document for J.G.P. INVESTMENTS CORP and your check(s) totaling \$236.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

Returning per customer request.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6924.

Stacy Prather  
Document Specialist Supervisor  
New Filings Section

Letter Number: 105A00031761

**ARTICLES OF INCORPORATION**  
**OF**

**NXM CORPORATION**

*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 corporation shall be:*

**NXM CORPORATION**

**ARTICLE II PRINCIPAL OFFICE**

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

**17453 NW 278 AVE  
ALACHUA, FL. 32615**

**ARTICLE III SHARES**

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

**600 Shares of Common Stock at \$1.00 Par Value**

**ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS**

*The name and address of the initial registered agent is:*

**Nivaldo Masson  
17453 NW 278 Ave  
Alachua, Fl. 32615**

FILED  
05 MAY -6 AM 9:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE V INCORPORATOR(S)**

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

*Nivaldo Masson  
17453 NW 278 Ave  
Alachua, Fl. 32615*

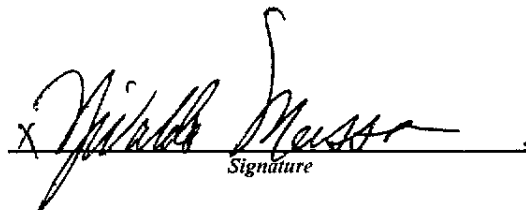
**ARTICLES VI DIRECTOR(S)**

*The name(s) and street address(es) of the Director(s) is (are)*

*President/Director*

*Nivaldo Masson  
17453 NW 278 Ave  
Alachua, FL. 32615*

*The undersigned incorporator(s) has(have) executed these Articles of Incorporation  
This 25<sup>th</sup> day of April 2005.*

*X*    
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

**CERTIFICATE OF DESIGNATION**  
**REGISTERED AGENT/REGISTERED OFFICE**

*Pursuant to the provisions of sections 607.0501 or 617.0501, 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: NXM Corporation
  
2. The name and address of the registered agent and office is:

Nivaldo Masson  
NAME

17453 NW 278 Ave  
P.O. BOX NOT ACCEPTABLE

Alachua, Fl. 32615

FILED  
05 MAY -6 AM 9:50  
TALLAHASSEE, FLORIDA

**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.**

Signature

*Nivaldo Masson*

Date: April 25, 2005.