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COVER LETTER

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

SUBJECT:	LYXA Ce	ORP_	
Enclosed are an or	iginal and one (1) copy of the art	ATE NAME - MUST INCL	
√ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of
FROM: F	RICHARD IVANS		
	Name	e (Printed or typed)	- `
	201 S BISCAYNE BLVD,	SUITE 400 Address	
	MIAMI, FL 33131	, State & Zip	, <u>, , , , , , , , , , , , , , , , , , </u>
	305-595-1267	Telephone number	

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:

LYXA CORP

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

201 S BISCAYNE BLVD, SUITE 400, MIAMI, FL 33131 MAILING ADDRESS: P. O. BOX 14-4597, CORAL GABLES, FL 33114

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFULL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

ARTICLE VI REGISTERED AGENT

The <u>name and Florida street address</u> (P.O. Box **NOT** acceptable) of the registered agent is: RICHARD IVANS, 201 S BISCAYNE BLVD, SUITE 400, MIAMI, FL 33131

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

RICHARD IVANS, 201 S BISCAYNE BLVD, SUITE 400, MIAMI, FL 33131

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**************	*************
Having been named as registered agent to accept service of proce certificate, I am familiar with and accept the appointment as regist	ess for the above stated corporation at the place designated in this ered agent and agree to act in this capacity
RV	4/7/26
Signature/Registered Agent	4-17-106
Signature/Incorporator	Date

Of APR 13 AN ILL