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(Requestor's Name)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
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COVER LETTER

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

SUBJECT:	LYXH Ce	•	
	(PROPOSED CORPORA)		- -
\$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 Status
FROM: F	RICHARD IVANS	(Printed or typed)	
	201 S BISCAYNE BLVD, S	SUITE 400	<u></u>
	MIAMI, FL 33131	State & Zip	<u> </u>
	305-595-1267	elephone 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:

LYXH 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 name and address of the Incorporator is:

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

**************************************	for the above stated corporation at the place designated in thi
certificate, I am familiar with and accept the appointment as registere	d agent and agree to act in this capacity
	4/7/06
Signature/Registered Agent	Pate //
	4/7/6b
Signature/Incorporator	Date

OF APR 13 PM 12. CO