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COVER LETTER

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

SUBJECT: Y	1 Corf
	ed CORPORATE NAME – <u>MUST INCLUDE SUFFIX</u>) opy of the articles of incorporation and a check for:
\$70.00 \$78.75 Filing Fee Filing Fee & Certificate o	S78.75 S87.50 Filing Fee Filing Fee, & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED
FROM: RICHARD IVANS	Name (Printed or typed)
201 S BISCAY	NE BLVD, SUITE 400
MIAMI, FL 331	City, State & Zip
305-595-1267	Doutime 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)

The state of the state of

ARTICLE I NAME

The name of the corporation shall be:

XPYN CORP

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SECRETARY OF THE STATE OF THE S

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