

Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)205-0381

From:

Account Name

: PROFESSIONAL VISA, INC.

Account Number : 120020000173 Phone

: (305)639-4737

Fax Number

: (305)639-4725

FLORIDA PROFIT/NON PROFIT CORPORATION

Crixan Production, Inc..

Certificate of Status	0
Certified Copy	1
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Estimated Charge	\$78.75

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PHONE NO. : 3056394725

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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:

Chrixan Productions, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

4995 NW 72 Ave. suite 205 Miami, Fl. 33166

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any or all lawful activities or business permitted under the laws of the United States, State of Florida, any other state, country, territory or nation.

ARTICLE IV SHARES

The aggregate number of shares of stock and its value that this corporation is authorized to have outstanding at any one time is:

Five thousand shares at one-dollar par value

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

President

Juan Manuel Ardila

4995 NW 72 Ave. suite 205

Miami, Fl. 33166

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Juan Manuel Ardila 4995 NW 72 Ave. suite 205 Miami, Fl. 33166 OF MAY 18 PH 2: 05

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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Juan Manuel Ardila 4995 NW 72 Ave. suite 205 Miami, Fl. 33166

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 be this capacity

Signature/Registered Agent

Date

Date

FILED

06 MAY 18 PH 2: 09

AND AND SEED FLORID