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COVER LETTER

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

SUBJECT:	Multeplex Technologies, Inc.			
	(PROPOSED CORPORA	TE NAME – <u>MUST INCI</u>	UDE SUFFIX)	
Enclosed are an orig	ginal and one (1) copy of the arti	cles of incorporation and	d a check for:	
S70.00 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 PPY REQUIRED	
FROM:	Lisa Bai	(Printed or typed)		
	1719 SW 110th S	•• ,		
	Gainesville, FL 32607 City, State & Zip			
	(352) 332-5901 Daytime T	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:

Multeplex Technologies, Inc.

07 MAR 26 PM 3: 54

SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

1719 SW 110th ST. Gainesville, FL 32607

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ARTICLE IV SHARES

The number of shares of stock is: 1,000,000.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Fue Xu Director 2625 SW 75th ST. APT#720, Gainesville, FL 32607 Lisa Bai Director 1719 Sw 110th ST., Gainesville, FL 32607

ARTICLE VI REGISTERED AGENT

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

Lisa Bai

1719 SW 110th ST., Gainesville, FL 32607

ARTICLE VII **INCORPORATOR**

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

2625 SW 75th ST. APT#720, Gainesville, FL 32607

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 in this capacity 3/20/2007

Signature/Registered Agent

3/20/2007 Date

Date

Signature/Incorporator