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SECRETARY OF STATE
TALL AMASSEE, FLORIDA

COVER LETTER

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

SUBJECT:	ONEXA GROUP PROPOSED CORPORA	COPP. TENAME-MUSTING	LUDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the artic	cles of incorporation an	d a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy ADDITIONAL C	\$87.50 Filing Fee, Certified Copy & Certificate of Status OPY REQUIRED
FROM:	HAROLD FR	Printed or typed)	
	8770 _A	SUNSET_	DRIVE#334
	MIAMI FI	33173 State & Zip	
	786 8	73 4778	

NOTE: Please provide the original and one copy of the articles.

A DIEKCK BIG OF INCORDOR A TYON	, 100
ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	And were
in compliance with enapole of analog enapole of it. S. (Fronty)	in in the second
ARTICLE I NAME	
The name of the corporation shall be:	FILED
ONEXA GROUP CORP.	
	07 OCT -1 PH 3: 45
ARTICLE II PRINCIPAL OFFICE	SECRETARY OF STATE TALLAHASSEE, FLORIDA
The principal place of business/mailing address is:	- TALLAHASSEE, FLORIDA
8770 SUNSET DRIVE #334	
MIAMI Fl 33173	·
ARTICLE III PURPOSE	
The purpose for which the corporation is organized is:	
PREPARE DOCUMENTS	
THE THE DOCUMENTS	
ARTICLE IV SHARES	
The number of shares of stock is: FIVE HUNDRED SHAPES (500) OF ONE	The control (a) (a) PER
FIVE HUNDRED SHARES (SUO) OF ONE	DOLLAR (d) (# 1,00) TEN
VALUE COMMON STOCK WHICH SHALL	BE
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS	ਕੂ .
List name(s), address(es) and specific title(s): HARULD FREEMAN	
HAROLD TREEMING	
8770 SUNSET DRIVE # 334	
MIAMI Fl 33173	=
ARTICLE VI REGISTERED AGENT	
The name and Florida street address (P.O. Box NOT acceptable) of the	e registered agent is:
HAROLD FREEMAN	
8+70 SUNSET DR # 334	
UI MI Tl 33173 -	
ARTICLE VII INCORPORATOR	
The name and address of the Incorporator is:	f f
HAROLD FREEMAN	-
8970 SUNSET DRIVE # 334	
MIAMI 11 33/73	
**************************************	***********
Having been named as registered agent to accept service of process for the above sta- certificate, I am familial with and accept the appointment as registered agent and agre	
ILAILU OV	plantag
#/ww	4/20/0+
Signature/Registered Agent	Date
1/MMac	9/26/07
Signature/Incorporator	Date