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COVER LETTER

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

SUBJECT:	Uniclax Corp. (PROPOSED CORPORA	ATE NAME – <u>MUST INC</u> I	LUDE SUFFIX)
Enclosed are an orig	rinal and one (1) copy of the arti	cles of incorporation and	l a check for:
\$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:	DELORES A. BR		
TAOM.	DELORES A. BR. Name 4821 SW 127th C		
	MIAMI, FZ 3317 City	5 , State & Zip	
	305-221-0241 Daytime 1	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)

FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

Unidax Corp.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

4821 SW 1274 CT MIAMI, TZ 33175

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

E-Commerce

ARTICLE IV SHARES

The number of shares of stock is:

2 at \$0/share par value

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

DELORES A. BROWN, PRESIDENT and DIRECTOR JENNIFER M. BROWN, VICE PRESIDENT

ARTICLE VI REGISTERED AGENT

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

DELORES A. BROWN 1821 SW 12749 CY MIAMI, FZ 33175

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

DELORES A. BROWN 4821 SW 127th CT HIAMI, FZ 33175

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

Defore A. Srown

Signature/Registered Agent

Defore B. Srown

Signature/Incorporator

12-31-08

Date

Date