## P09000098963

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



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12/07/09--01044--013 \*\*78.75



12-18-09

## **COVER LETTER**

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

SUBJECT: \_\_

MEX SOLUTIONS IT, INC

50 <b>5</b> 0EC1	(PROPOSED CORPOR	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the ar	ticles 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  PPY REQUIRED
FROM:		e Sandoval e (Printed or typed)	
	1645 NW 120TH STREET Address		
	N.MIAMI, FL 33167 City, State & Zip		
	(786) 541-4219  Daytime Telephone number		
	jorge@mex	(solutionsit.com ed for future annual report i	notification)
		uiui v uiiiiuui Topoit i	

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. (Prof	it)
ARTICLE I NAME	
The name of the corporation shall be:	
Mex Solutions IT, Inc.	
ARTICLE II PRINCIPAL OFFICE	<b>5</b>
The principal <u>street</u> address and mailing address, if different is:	
1645 NW 1204 St	
n. miomi, #1 33167	
ARTICLE III PURPOSE  The purpose for which the corporation is organized is:	PEC - 1 M III 52
	A CO
IT and Consulting	*
ARTICLE IV SHARES	
The number of shares of stock is:	
100	
ARTICLE V INITIAL OFFICERS AND/OR DIRECT List name(s), address(es) and specific title(s):	
Trop Sondourl 1645 NW 120 m	St nimia F1.33167 Viceture
List name(s), address(es) and specific title(s):  Torge Sondoval 1645 NW 120 <sup>M</sup> Javier Rodriguez 1645 NW 120 <sup>M</sup>	WIR DOWN RI 33167 PICSIE
JAVIA ROLLINGULE 1643 NO 1201	Mind, I I a a la
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable)	e) of the registered agent is:
	-, <u>-</u>
VIVION HERMONDES.	
Migni, to 33172	
ARTICLE VII INCORPORATOR The name and address of the Incorporator is:	
<u> </u>	
VIVION Hernandes.	
Mani F1. 33172	
Having been named as registered agent to accept service of pro-	rocess for the above stated corporation at the
place designated in this certificate, I am familiar with and ac	
agree to act in this capacity	
	12/2-09.
Signature Registered Agent	Date
	12/2-09.
Signature/Incorporator	Date