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(Requestor's Name)				
(Address)				
(Address)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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Special Instructions to Filing Officer:				
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SECRETARY OF STATE
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COVER LETTER

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

SUBJECT: / X	AT CORP	TE NAME – <u>MUST INCL</u> I		
	(PROPOSED CORPORA)	TE NAME – <u>MUST INCLI</u>	JDE SUFFIX)	
Enclosed are an orig	inal and one (1) copy of the artic	eles of incorporation and	a check for:	
_				
\$ \$70.00	\$78.75	□ \$78.75	\$87.50	
Filing Fee	Filing Fee	Filing Fee	Filing Fee,	
	& Certificate of Status	& Certified Copy	Certified Copy	
		İ	& Certificate of	
		ADDITIONAL CO	Status By DEOLUBED	
		ADDITIONAL COPY REQUIRED		
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FROM:	PATRICIA T. Name	ARK C		
r ROM.	Name	(Printed or typed)		
3917 LEMONWOOD DR				
	A	Address		
	90A05	7/ 32/737		
SARASOTA FL 34232				
	J., .	out a s.p		
	941- 553- 6 Daytime Te	0456		
-	Daytime To	elephone number		
1	1 - 1 11 5 -		7	
	-A) Y TAY FARKS (for future annual report of	otification)	

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:

IXAT CORP

ARTICLE II PRINCIPAL OFFICE

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

3917 LEMONWOOD DR

SARABOTA, FL 34232

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO MANAGE WEBSITES

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):
MICHAEL MC KOWN 375 W ALAMODA AVEHOL BURBANK, Ca PRES

PATRICIA PARKS 3917 GENORWOOD DR SARASOTA FL VIARES

ARTICLE VI REGISTERED AGENT

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

PATRICIA PARKS

3917 LEMONWOOD D.

SALASOTA FL 34332 ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

PATRICIA PARKS
3917 LEMONWOOD DR
SARASSTARIFATA

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

Signature/Registered Agent

Signature/Incorporator

1

Date