

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : YOUR CAPITAL CONNECTION, INC.
Account Number : I20000000257
Phone : (850) 224-8870
Fax Number : (850) 222-1222

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
Xray Marketing Effectiveness Consultants, Inc.

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$78.75

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Corporate Filing Menu

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MRS 11/22

NOV. 19. 2010 9:28AM

CAPITAL CONNECTION

NO. 2249 P. 2

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10 NOV 19 PM 1:00

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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: **Xray Marketing Effectiveness Consultants, Inc.**

ARTICLE II PRINCIPAL OFFICE

Principal street address
**6681 Casa Grande Way
Delray Beach, FL 33446**

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide modeling, analysis and consultation on marketing effectiveness

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **Michael von Gonten, President**
Address: **6681 Casa Grande Way
Delray Beach, FL 33446**

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: **Michael von Gonten**
Address: **6681 Casa Grande Way
Delray Beach, FL 33446**

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: **Michael von Gonten**
Address: **6681 Casa Grande Way
Delray Beach, FL 33446**

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

MF von Gonten
Required Signature/Registered Agent

11/19/2010
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

MF von Gonten
Required Signature/Incorporator

11/19/2010
Date