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March 4, 2011

FLORIDA DEPARTMENT OF STATE
Division of Corporations

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H11000057368 3

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I N The name of the corpo	(AMO): oration shall be: Cross X Check Inter	mational Holding	gs Inc.	
ARTICLE II P	RINCIPAL OFFICE		°al •	
22(2,00,20,21, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2,	Principal street address		Mailing address, if different is:	
43	3 Plaza Real, Suite 275	Same		
	ca Raton, FL 33432		•	
				;
The purpose for which	ch the corporation is organized is:			
License natent	ed technologies worldwide			
Cioonioo patoriti	od tootmologico monamido			
			$\frac{2}{4}$ $\frac{1}{4}$ $\frac{1}{4}$	
			The second secon	
. 40.0001.0 00	171534			
ARTICLE IV 8	of stock is: 10,000,000	•	7014U 1171	
i ue unmoct of suares	of stock is:			
ARTICLE V	NITIAL OFFICERS AND/OR DIRECT	MPR	-	
Name and Title	: Kenneth S. Bailey, CEO	Name and Titl	e: Mihoko M. Ward, CFO	
Address:	433 Plaza Real, Suite 275	Address:	433 Plaza Real, Suite 275	
***************************************	Boca Raton, FL 33432		Boca Raton, FL 33432	
•				
				
Name and Title	: Gissel M. Bailey, President	Name and Titl	le:	
Address:	433 Plaza Real, Suite 275	Address:		
	Boca Raton, FL 33432			
Name and Title				
	e:	Name and Titi	(e:	
Address:		Address:		•
				٠
				
ARTICLE VI R	egistered agent			
	da street address (P.O. Box NOT acceptable	le) of the registered ag	ent is:	
Name:	NRAI Services, Inc.		, 	
Address:	515 East Park Avenue			
	Taliahassee, FL 32301			
	NCORPORATOR			,.
	ess of the Incorporator is:			•
Name:	Kenneth S. Bailey			
Address:	433 Plaza Real, Suite 275			
	Boca Raton, FL 33432			
Having been named this certificate, I am	as registered agent to occept service of pro familiar with and accept the appointment as	cess for the above sta	ted corporation at the place designated in	
NRA/Services,	The A	uskomen akeut min e	S. ex to act m nip Cabacith	
יללי ג'ולא לוייי	Tanya Dietric	ch, Asst. Secy.	olalu	
- I INMIN			_ 	
· //	Required Signature/Registered Agent		/ Date	
I submit this docum	ent and affirm that the facts stated herein	ara bue. I am monre	that the false information submitted in a	
document, to the Dep	urtment of State constitutes a third degree fo	lony as provided for in	2.417.155. F.S.	
V.Q		# -#:-:#** ***		
_ 1			3/3/11	
	Required Signature/Incorporator	·-·· · ·- ·- ·- ·	- / Date	