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Florida Department of State
Division of Corporations
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To: Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION
ATXION CORPORATION

Certificate of Status	0
Certified Copy	1
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ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

11 AUG -3 AM 10: 01

SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE I NAME ATXION CORPORATION

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
650 N.W. 43RD AVE.
MIAMI, FL 33126

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 1,000 STOCKS 1.00 EA.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

ARTICLE VI REGISTERED AGENT

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


Name: EMILIO B. ALVAREZ
Address: 650 N.W. 43RD AVE
MIAMI, FL 33126

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: EMILIO B. ALVAREZ
Address: 650 N.W. 43RD AVE
MIAMI, FL 33126

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

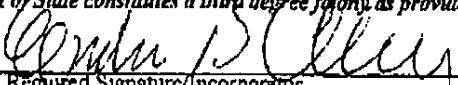


Required Signature/Registered Agent

8/02/11

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.



Required Signature/Incorporator

8/2/2011

Date