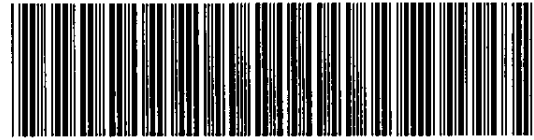


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11/04/11--01007--012 \*\$78.75

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

T. Burch NOV 7 2011

**COVER LETTER**

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

**SUBJECT: ALEXAMIR SERVICES INC.**

**(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)**

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

\$70.00 Filing Fee  
 \$78.75 Filing Fee & Certificate of Status

\$78.75 Filing Fee & Certified Copy  
 \$87.50 Filing Fee, Certified Copy & Certificate of Status

**ADDITIONAL COPY REQUIRED**

**FROM: LAKISHA MCSWAIN**

Name (Printed or typed)

Address

City, State & Zip

**305 696-2216**

Daytime Telephone number

**LMCSWAIN1@ATT.NET**

E-mail address: (to be used for future annual report notification)

**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 ALEXAMIR SERVICES INC.

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
5927 NW 17TH AVE
MIAMI, FL 33142

Mailing address, if different is:

5927 NW 17TH AVE
MIAMI, FL 33142

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
ANY AND ALL LAWFULL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: LAKISHA MCSWAIN / President Name and Title:
Address: 5927 NW 17TH AVE Address:
MIAMI, FL 33142

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: LAKISHA MCSWAIN
Address: 5927 NW 17TH AVE
MIAMI, FL 33142

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: LAKISHA MCSWAIN
Address: 5927 NW 17TH AVE
MIAMI, FL 33142

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]
Required Signature/Registered Agent

10/31/2011
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.

[Signature]
Required Signature/Incorporator

10/31/2011
Date

Lakisha Mcswain

FILED
2011 NOV - 4 PM 4: 24
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA