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Florida Department of State
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**FLORIDA PROFIT/NON PROFIT CORPORATION
LALIANXA TRAVEL NETWORK INC**

Certificate of Status	0
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TALLAHASSEE, FLORIDA

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ARTICLES OF INCORPORATION

The undersigned Incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I - NAME

The name of the corporation shall be:

Lalianxa Travel Network Inc

ARTICLE II - PRINCIPAL OFFICE

The principal place of business and mailing of this corporation shall be:

10301 NW 108 Ave Ste #2 Medley FL 33178
The board of directors may from time to time designate such other address and place of the principal office of this corporation as it may see fit.

ARTICLE III - SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

The maximum number of shares of stock that this corporation I authorize to have is 1000 shares of common stock having a \$1.00 per value per share.

ARTICLES IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Luis Salazar
10301 NW 108 Ave Ste #2
Medley FL 33178

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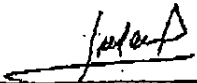
ARTICLE V - INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation is:

Luis Salazar
10301 NW 108 Ave Ste # 2
Medley FL 33178

The undersigned incorporator has executed these Articles of Incorporation this

19 day of 11 20 13.

x 
Signature

ARTICLE VI- DIRECTOR(S)

The name(s) and street address (es) of the director(s) to these Articles of Incorporation is (are):

President → Luis Salazar
7350 SW 89 St #1604
MIAMI FL 33156

Vice President → Jacqueline Ojeda
7350 SW 89 St #1604
MIAMI FL 33156

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT

/REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at place designated in this certificate, I hereby accept the appointment as Registered Agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

x 
Registered Agent Signature

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