

TRANSMITTAL LETTER

Department of State Division of Corporation PO Box 6327 Tallahassee Fl 32314

300001531173 -07/06/95--01073--006 ****122.50 ****122.50

SUBJECT:

globalXchange Communications, Inc. (proposed corporate name)

Enclosed please find an original and one (1) copy of the articles of incorporation for the above referenced entity, and a check in the amount of \$122.50. Please file said document

FROM:

A. ERNEST CRUZ, MBA, J.D. PA 3900 NW 79 AVENUE, SUITE 737 MIAMI FL 33166

(305) 591-9448

16/15

3900 NW 79TH AVENUE SUITE 737 MIAMI, FL 33166 (305) 591-9448 9825 WEST SAMPLE ROAD SUITE 207 CORAL SPRINGS, FL 33065 (305) 753-7599

ARTICLES OF INCORPORATION

TO: SECRETARY OF STATE, STATE OF FLORIDA, TALLAHASSEE, FLORIDA

I, the undersigned natural person of the age of twenty-one or more, acting as incorporator of a corporation under title 607.164, of the LAWS of the State of Florida, adopt the following Articles of Incorporation for such corporation.

- 1. The name of the corporation, hereinafter referred to as the Corporation, shall be globalXchange Communications, Inc.
- 2. The duration of the Corporation shall be perpetual.
- 3. The object and purpose for which the Corporation is formed is to engage the ownership and management of a telecommunications business and any other business permitted by law.
- 4. The aggregate number of shares which the Corporation is initially authorized to issue is one thousand (!000). There shall be one class of stock with a par value of one dollar(\$!.00). There shall be no preferences, qualifications, limitations, restrictions or special rights with respect to the one class of stock.

- 5. Shareholder have the pre-emptive right to acquire additional shares of stock.
- 6. Provisions for the regulation of the internal affairs of the Corporation are contained in the By-Laws of the Corporation.
- 7. The Corporation will not commence business until at least one thousand dollars (\$1,000) has been received by it as consideration for the issuance of shares.
- 8. The initial registered office and principal place of the Corporation shall be located at:

 333 Falkenburg Road, Suite B-208, Tampa, FL 33619. The initial registered agent is

 Frince M. Mattesich.
- 9. . . 2 following persons shall constitute the initial Bourd of Directors of the Corporation, and shall serve until the first annual meeting, or until, their successors shall be elected:

 Frince M. Mattesich, who resides at 10802 W. Hillsborough Avenue, Apt #1712 Tampa, FL 33615.
- 10. The incorporators of this corporation are Frince M. Mattesich, whom resides at the address stated in Paragraph 9.

- The Articles of Incorporation shall constitute a binding agreement and may be amended 11. by the affirmative vote of majority of the Board of Directors in Office.
- The registered agent acknowledges that she is familiar with and accepts, the duties and 12. responsibilities of registered agent for this Corporation.

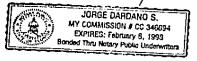
IN WITNESS WHEREOF, We have duly executed and adopted these ARTICLES OF INCORPORATION, on this _____ day of June 1995.

> Frince M. Matterich Registered Agent/Incorporator/Director

> > NOTARY PUBLIC

606- 53-708 6/96

SWORN TO AND SUBSCRIBED BEFORE ME, A NOTARY PUBLIC IN AND FOR THE STATE OF FLORIDA, THIS J DAY OF June, 1995.



My commission expires:

| PLEASE READ | OMPLETING THIS FORM | | | |
|---|---|---|--|--|
| APPLICATION FOR REINSTATEMENT | FLORIDA DEPARTME Sandra B. Mo Secretary of DIVISION OF CORPO | NT OF STATE rtham State | | |
| DOCUMENT # P9500053449 | | | TALL AHASSEE, FLORIDA | |
| GLOBALXCHANGE COMMUNICATIONS, 146. | | | | |
| 3649 ESTEPORA AVE | | | | |
| MIAMI, FL 33178 | | | | |
| | | | and the second of the second o | |
| If above addresses are incorrect in any way, limithrough incorrect information and onler of New Principal Office Address, if Applicable 3 Flow Mailing Address, if Applicable 3 Flow Mailing Address, if Applicable 3 | | | 4. Date incorporated o unlifted | |
| Stute, Apt. #. etc | Scote, Apt. #. etc | | 5 FEI Number Applied For | |
| City ₹ State | City & State | | 65-06 04742 Not Applicable | |
| Zip Cortainy | Zip Countr | у | CERTIFICATE OF STATUS DESIRED 58.75 Antiditional Concentration Status | |
| Names and Street Addresses of Each Officer and/or Director. (Fiorida comprehit corporations must list at least 3 directors) Name of Officers. Street Address of Each | | | | |
| 1 Titlu(5) und/or Directors Officer 1 2 On NOT Use F | | licer and/or Director se Post Office Box N | | |
| PID R.R.MATTESICH 3649 ESTEPONA AVE MIAMI, FL 33178 | | | | |
| VIDS F. MATTESICH 3649 ESTEPONA AVE MIAMI, TL 33178 | | | | |
| | | 600019982960 | | |
| | | | ****375.00 ****375.00 | |
| | | | Mny | |
| | | | | |
| 8. Name and Acdress of Current Registered Agent | | Namo | 9, Name and Address of New Registered Agent | |
| F. MATTESICH | | Name \$6 Street Address (P.O. Box Number is Not Acceptable) \$6 Street Address (P.O. Box Number is Not Acceptable) \$6 Street Address (P.O. Box Number is Not Acceptable) | | |
| 3649 ESTEPONA AVE | | Suite, Apt. #, Etc. | | |
| MIHMI FF 22118 | | City State Zip Code | | |
| 10 - Liberry appraising the registered processor the above named corporation, am familiar with and accept the obligations of Section 607 0505. F.S. | | | | |
| Signature of Pegistered Agent OCT & BER 26, 1996 | | | | |
| RECUSTED AGENT MUST SIGN | | | | |
| 11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutos Yes No No (See other side for information on intangible tax.) | | | | |
| 12. If do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(*). Florida Statutes I refease the Division of Corporations from any liability of non-compliance with Section 119.07(3)(*) in the event that the information supplied is deemed exempt from public access I certify that I am an officer or director or the receiver or trustive empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been climinated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S. and that all feel owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. SIGNATURE: SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR. Date Oxytime Phone I | | | | |