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((H95000008107))) DOCUMENT TYPE: FLORIDA PROFIT CORPORATION OR P.A.
 NAME: TIXXPIXX INTERNATIONAL CORPORATION
 FAX AUDIT NUMBER: H95000008107 CURRENT STATUS: REQUESTED
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ARTICLES OF INCORPORATION
OF
TIXEPIKX INTERNATIONAL CORPORATION

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The undersigned Incorporator, for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the Corporation shall be:

TIXEPIKX INTERNATIONAL CORPORATION

The principal place of business of the Corporation shall be:

7 N.W. 2nd Street
Suite 205
Miami, Florida 33128

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ARTICLE II NATURE OF BUSINESS

The Corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, territory or nation.

ARTICLE III CAPITAL STOCK

The Corporation is authorized to issue 1,000,000 shares, all of one class, at \$1.00 par value.

ARTICLE IV DURATION

This Corporation is to exist perpetually.

THIS DOCUMENT WAS PREPARED BY:

Nector B. Goffinckel, Esq.

7 N.W. 2nd Street #205

Miami, Florida 33128

PH: 350699

(508) 539-9560

FORM P.04

IN WITNESS WHEREOF, the undersigned Incorporator has executed these Articles of Incorporation this 21 day of July, 1995.

[Signature]
Incorporator

State of Florida
County of Dade

The foregoing instrument was acknowledged and sworn to before me this 21st day of July, 1995, by Mark Metz, Incorporator of Triopixx International Corporation.

NOTARY PUBLIC STATE OF FLORIDA
MY COMMISSION EXP. AUG. 16, 1998
REMOVED THIS GENERAL REG. INFO.

[Signature]
FRANCES B. Biscatt
Notary Public, State of Florida
My Commission Expires: [Date]

Personally known _____ or produced identification

Type of Identification Produced Florida Driver License

Having been named as Registered Agent and to accept service of process for the above stated Corporation at the place designated in this certificate, I hereby agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of Section 607.325, Florida Statutes.

[Signature]
Nestor B. Gorfinkel, Registered Agent

7/21/95
Date

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TALLAHASSEE FLORIDA

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