# P960000022433

### TRANSMITTAL LETTER

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

SUBJECT: XAYIE				
(Pi	roposed corporate r	name - must include au	ffix)	
			2010 -03/08 *****	1000 1 7 3 7 5 1022 379601095004 76.75 *****78.75
Enclosed is an original	and one (1) co	py of the articles o	f incorporation a	and a check
for : \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	s122.50 Filing Fee & Certified Copy Additional Copy	\$131.25 Filing Fee, Certified Copy & Certificate y Required	F I 96 Mar i 3ecre ia Tallahas
FROM:	Name (	D. MOMOX.  printed or typed)  EGUN PARKY  Address	W 312	ILED 12 AH 9: 31 4AY OF STATE SSEE. FLORIDA
	SHULLMAR City	F102154 32 , State & Zip	579	
		352 4552 elephone number		AL MAR 1 2 1995
		AUTH CORR DATE	Pen Woma OFIZATION BY FF SECTONTICO 3-12-96	

NOTE: Please provide the original and one copy of the articles.

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ARTICLES OF INCORPORATION

TALLAHASSEE, FLORIDA

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:

XAVIER TAYLOR INCORFORATION

ARTICLE II PRINCIPAL OFFICE

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

1911-1 N. EGHN PREKWAY #312

SHULLMAR, FLORIDA 32579

ARTICLE III SHARES

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

500 SHARES

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and address of the initial registered agent is:

LIBA PRYCE, ATTORNEY

12000 - YTH STREET NORTH

UNIT # 164

ST. PETERSBUCG, FLORICA 33716

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#### ARTICLE V INCORPORATOR(S)

#### See instructions for officers/directors

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

KAREN WOMACK
1911-A N. EGLIN PARKWAY #312
SHALIMAR, FL. 32579

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

ZETH day of Fraculary, 19 92.

Signature

Signature

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is:	XXVIEW INVIOLE INCOME	7-7-7-17-7
•		
2. The name and address of the registe	ered agent and office is:	
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) 2CCO - (P.O. Box	NAME)  21TH STREET NORTH IN 164 or Mail Drop Box NOT ACCEPTABLE)	2 M 9:31 2 M 9:31 ASSEE, FLOR
<u>87. Pai</u>	COTY/STATE/ZIP)	
corporation at the place designated in agent and agree to act in this capacity	gent and to accept service of process of this certificate, I hereby accept the appoor.  I further agree to comply with the property of the process of the p	pintment as registered visions of all statutes
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(SIGNATURE)