# P96000035526

890 S.W. 87 AVENUE SUITE: 16 Address  MIAMI, FLORIDA 33174 (305)552-5973 City/State/Zip Phone # LOCAL REPRESENTATIVE TALLAHASSEE  CORPORATION NAME(C) & DOCUMENT NUMBER(S)			Off	# 16 11 11.00 ( 1 *** 4, **; 15:11 ) - 14/2/4/200 ( ((1)))64 ( (1); 10 - ++++1/2/250 ( ++++1/2/250  Office Use Only  ), (if known):		
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Trademark Other

Examiner's Initials

#### ARTICLES OF INCORPORATION

Harris -

OF

### LEXON COMPUTERS CORP.

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:

LEXON COMPUTERS CORP.

#### ARTICLE II: PRINCIPAL OFFICE

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

519 SW 11 AVE STE 1 MIAMI, FL 33130

#### ARTICLE III: CAPITAL STOCK

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

500

# ARTICLE IV: INITIAL REGISTERED AGENT & ADDRESS

The name and address of the initial registered agent is:

MARNE SERGIO TOJA 519 SW 11 AVE STE 1 MIAMI, FL 33130

## ARTICLE V: INCORPORATOR(S)

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

JOSE LUIS BRUNO 519 SW 11 AVE STE 1 MIAMI, FL 33130 

# CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, 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:

LEXON COMPUTERS CORP.

2. The name and address of the registered agents and office is:

MARNE SERGIO TOJA 519 SW 11 AVE STE 1 MIAMI, FL 33130

SIGNATURE:

(Corporate Officer)

TITLE:

DATE:

HAVING BEEN NAMED 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, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

SIGNATURE:

DATE:

REGISTERED AGENT FILING FEE: \$20.00