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TRANSMITTAL LETTER

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
97 AUG 11 PM 12:51

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

SUBJECT: PSORIA - X . Corp.  
(Proposed corporate name)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for  
\$ 122.50.

900002262659--3  
-08/11/97--01012--009  
\*\*\*\*122.50 \*\*\*\*122.50

FROM:

GUIDO LLORCA

Name (printed or typed)

6620 West 2 Ct # 113

Address

HIALEAH, FLORIDA. 33012

City, State, & Zip

305-362-4393

Telephone Number

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

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D. BROWN AUG 12 1997

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# ARTICLES OF INCORPORATION

## OF

PSORIA -X 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:

P S O R I A - X Corp.

### ARTICLE II PRINCIPAL OFFICE

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

6620 West 2 ct Apt. # 113  
Hialeah Florida, 33012

### ARTICLE III SHARES

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

1000 SHARES

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

GUIDO LLORCA  
6620 West 2 Ct Hialeah Florida 33012

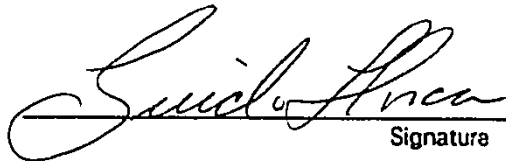
**ARTICLE V INCORPORATOR(S)**

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

GUIDO LLORCA  
6620 West 2 Ct Apt 113  
HIALEAH FLORIDA 33012

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

8th day of AUGUST, 1997.

  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

Articles of Incorporation  
Filing Fee - \$35

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## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, 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: PSORIA - X Corp.

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

GUIDO LLORCA

(Name)

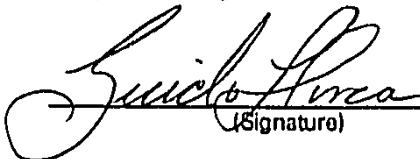
6620 West 2nd Ct Apt # 113

(P.O. Box not acceptable)

Hialeah Florida 33012

(City/State/Zip)

*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 accept the appointment as registered agent and 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 my position as registered agent.*

  
(Signature)