Department of State **Division of Corporations** P. O. Box 6327

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Tallahassee, FL 32314		7	-10/16/970104100 ****131.25 ****131
SUBJECT:	LAXME COI	RP . orporate name - must include	e suffix)
Enclosed is an original a	nd one(1) copy of the article	s of incorporation and a	check for :
\$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate	□\$122.50 Filing Fee & Certified Copy ADDITIONAL CO	\$131.25 Filing Fee, Certified Copy & Certificate PY REQUIRED
FROM:		3 HIKN Printed or typed)	97 BT
_	Name (Printed or typed) 12120 76 M ST N Address LARGO FL 33773		
_	LARGO City	FL 3377 , State & Zip	3 5 5
(813) 539 7408 Daytime Telephone number			

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

ARTICLES OF INCORPORATION

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

Of Contract of the Contract of

ARTICLE I NAME

The name of the corporation shall be:

LAXME, CORP.

ARTICLE II PRINCIPAL OFFICE

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

LA RUE 19 MOTEL 2018 a 5 14Wy 19 HOLIDAY, FL 34690

ARTICLE III SHARES

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

2

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

BIPIN BHIKA
12120 76MSTN
LARGO FL 33773

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Bipin Bhika 12120 76 MSTN LARGO FL 33773

Signature/Incorporator

10] 14 <u>197</u> Date

(An additional article must be added if an effective date is requested.)

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/Registered Agent

10 114 197

Date