

OFFICE USE ONLY (Document #)

LAZARUS CORPORATE FILING SERVICE, INC.

(Requestor's Name)

3320 S.W. 87th AVENUE

(Address)

MIAMI, FLORIDA (305)552-5973

(City, State, Zip) (Phone #)

LOCAL REPRESENTATIVE TALLAHASSEE

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. Conexion Financial Services, Inc.

(Corporation Name)

(Document #)

2. \_\_\_\_\_

(Corporation Name)

(Document #)

3. \_\_\_\_\_

(Corporation Name)

(Document #)

4. \_\_\_\_\_

(Corporation Name)

(Document #)



Walk in



Pick up time

2:00



Certified Copy



Mail out



Will wait



Photocopy



Certificate of Status

NEW FILINGS

<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS

<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS

<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION

<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

500002892695--9

-06/02/99--01058--011

\*\*\*\*\*78.75 \*\*\*\*\*78.75

Examiner's Initials

## ARTICLES OF INCORPORATION

*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:

Conexion Financial Services, Inc.

**FILED**  
99 JUN -2 PM 1:22  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

### ARTICLE II PRINCIPAL OFFICE

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

13371 SW 153rd Street  
Unit # 1101  
Miami, Florida 33177

### ARTICLE III SHARES

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

100 Shares @ US\$1.00 each

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Jairo H. Cabanilla  
13371 SW 153rd Street  
Unit # 1101  
Miami, Florida 33177

**ARTICLE V INCORPORATOR(S)**

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

Jairo H. Cabanilla  
13371 SW 153rd Street  
Unit # 1101  
Miami, Florida 33177

**ARTICLE VI DIRECTOR(S)**

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

Jairo H. Cabanilla - President - 13371 SW 153rd Street  
Unit # 1101, Miami, FL 33177  
Rafael Montano - Vicepresident, Treasurer, Chairman  
- Prado de los Tabachines #118  
Zapopan Jalisco, Mexico 45050  
Maryloly Calderon - Secretary, Director  
- Prado de los Tabachines #118  
Zapopan, Jalisco, Mexico 45050

The undersigned incorporator(s) has(have) executed these Articles of  
Incorporation this 1<sup>ST</sup> day of JUNE, 1999.

  
\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

Articles of Incorporation  
Filing Fee - \$35

**CERTIFICATE OF DESIGNATION**  
**REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of sections 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: Conexion Financial Services, Inc.
2. The name and address of the registered agent and office is:  
Jairo H. Cabanilla  
(NAME)  
13371 SW 153rd Street, Unit # 1101  
(P.O. BOX NOT ACCEPTABLE)  
Miami, Florida 33177  
(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

DATE

*[Handwritten Signature]*  
*June 17 / 99*

99 JUN -2 PM 1:22  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

FILED

REGISTERED AGENT FILING FEE: \$35.00