## Requester's Name TownX Corporation 5572 NW 114 Avenue #102 Miami, Florida 33178 City/State/Zip Phone # Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Pick up time \_\_\_\_\_ Certified Copy Walk in Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status **NEW FILINGS AMENDMENTS** ☐ Profit Amendment ☐ Not for Profit Resignation of R.A., Officer/Director ☐ Limited Liability Change of Registered Agent Domestication Dissolution/Withdrawal Other Merger OTHER FILINGS REGISTRATION/QUALIFICATION Annual Report ☐ Foreign ☐ Fictitious Name ☐ Limited Partnership □ Reinstatement Trademark

Other

Examiner's Initials 10|21|99

## EFFECTIVE DATE 10/10/99

## ARTICLES OF INCORPORATION

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

99 OCT 20 PM 5: 27

**ARTICLE I.** The name of the corporation shall be TownX Corporation.

**ARTICLE II.** The principal office is located at 5572 NW 114 Avenue #102; Miami, Florida 33178.

ARTICLE III. The owners and officers of the corporation are the following:

Frank Galarraga, Chief Operations Officer

Alexandra Lesmes, Chief Financial Officer

David Polanco, Chief Information Officer

**ARTICLE IV.** The total number of shares of the Corporation is 100 at a value of \$1.00 each. The shares are divided as follows:

Frank Galarraga

33 shares

Alexandra Lesmes

33 shares

David Polanco

33 shares

**ARTICLE V.** The initial Registered Agent is Frank Galarraga whose address is 5572 NW 114 Avenue #102; Miami, Florida 33178.

**ARTICLE VI.** The effective date of TownX Corporation is October 16<sup>th</sup>, 1999.

**ARTICLE VII.** The incorporator of the Corporation is Alexandra Lesmes whose address is 5572 NW 114 Avenue #102; Miami, Florida 33178.

Signature of Incorporator

Date

## **DESIGNATION OF REGISTERED AGENT**

Having been names 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 provision 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 of Registered Agent

Date

SECRETARY OF STATE OF STATE