P99000/10866

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

600003075426--5 -12/20/39--01100--013 *****87.50 *****87.50

SUBJECT:	ArtXtreme	e Inc.			
		rate name - must include suff	ix)	_	
Enclosed is an origina	al and one(1) copy of the article	es of incorporation and a	check for:	•	
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	□\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED		
FROM:	Irving S. Nunez Name (Printed or typed)		TALLAW	99 DEC 2	
	6103 North West 70th Avenue		が 第二 - 第二	20 PH	; ; = = = ÷
	Tamarac, Florida 33319 City, State & Zip			38 38	Landina (*). Ži
	Voice Mail - (954) 460_1800				

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.

ARTICLE I NAME

The name of the corporation shall be:

ArtXtreme Inc.

ARTICLE II PRINCIPAL OFFICE

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

11270 South West 55th Court Cooper City, Florida 33330

ARTICLE III SHARES

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

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Irving S. Nunez 6103 North West 70th Avenue Tamarac, Florida 33319

ARTICLE V INCORPORATOR

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

Irving S. Nunez 6103 North West 70th Avenue Tamarac, Florida 33319

_Signature/Incorporator

(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

Date