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

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Intuitive Innovations Inc.

Enclosed is an original and one (2) copy of the articles of incorporation and a check for

\$78.75
Filing Fee
& Certified Copy

\$122.50
Filing Fee
& Certified Copy

\$131.25
Filing Fee,
Certified Copy
& Certificate

(ADDT'L COPY REQ'D)

(ADDT'L COPY REQ'D)

FROM: Ana Beatriz Higgins
29395 Agoura Road, Suite 204
Agoura Hills, California 91301

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*****78.75 *****78.75

00 AUG 21 PM 2: 13
SCRETARY OF STATE
TALL AHASSEF FLORIDA

NOTE: Please provide the original and one copy of the articles. Provide TWO copies if you have requested a certified copy as designated in the boxes above.

ARTICLES OF INCORPORATION Intuitive Innovations Inc.

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The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corpo Act, hereby adopts the following articles of incorporation.

NAME

The name of the Corporation shall be: Intuitive Innovations Inc.

<u>PRINCIPAL OFFICE</u>

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

291 Coral Way West Indialantic, Florida 32903

SHARES ARTICLE III

The number of shares that this corporation is authorized to have outstanding at any one time is: 1,500 shares at \$1.00 par value per share.

<u>INITIAL REGISTERED AGENT AND STREET ADDRESS</u>

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

James William Beattie 4470 Sweet Bay Ave Melbourne, Florida 32935

INCORPORATOR

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

Ana Beatriz Higgins 29395 Agoura Road, Suite 204 Agoura Hills, California 91301

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.

Date