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(Requestor's Name)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Charles Instructions to Filing Officery				
Special Instructions to Filing Officer:				

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TRANSMITTAL LETTER

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

SUBJECT: Cloc	kwork Solutions, Inc. (PROPOSED CORPORAT	E NAME – <u>MUST INCL</u> I	UDFSUFFIX)	
Enclosed are an orig	inal and one (1) copy of the artic	les 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: C	lockwork Solutions, Inc.			
	Name (Printed or typed)		
7801 NE 4 CT, Suite #516				
Address				
	Miami, FL 33138			
City, State & Zip				
305-757-7382				
Daytime Telephone number				

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

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

Clockwork Solutions, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 7801 NE 4 CT, Suite #516 Miami, Fla. 33138

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The corporation will engage in any activity or business permitted under the laws of the State of Florida and the United States of America.

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Vanessa Fuentes, President 6735 S.W. 136th CT

Marilyn Sostre-Diaz, Vice President 7801 NE 4th CT, Suite # 516

Miami, Fla. 33183

Miami, Fla. 33138

ARTICLE VI REGISTERED AGENT

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

Marilyn Sostre-Diaz 7801 NE 4 CT, Suite 516 Miami, Fla. 33138

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Vanessa Fuentes 6735 S.W. 136th CT Miami, Fla. 33183

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

ignature/Registered Agent

ionature/Incorporator

Date '

Date