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SECRETARY OF STATE

TRANSMITTAL LETTER

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

SUBJECT:	PROPOSED CORPORA	RKS TIC TE NAME-MUST INCL	DDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	icles 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	Filing Fee, Certified Copy & Certificate of Status PY REQUIRED
FROM:		(Printed or typed)	
	70 m citu	Address	
		State & Zip	

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

ARTICLE I NAME The name of the corporation shall be: DUARTE WORKS Inc.
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 544 5w 35th treet #5 Palvn City, F134990
ARTICLE III PURPOSE The purpose for which the corporation is organized is: CORM CARRENTEY
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): MATHER DUARTE FOR DIRECTORS P(estdent.
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): MA++New DUARTE FOR DIRECTORS SHY SW 35th Street HOR STORM CIRCLE VI REGISTERED AGENT
ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is: MA + thew DUARTE 5445 SHEET #5 Palmetty, F134990
ARTICLE VII INCORPORATOR The name and address of the Incorporator is: MATTICLE VII INCORPORATOR THE NAME AND ARTE OF THE WOLLD WARTE. SHY SW 35th Street # 5 Palm city, F134996

Signature/Registered Agent Date
X // Signature/Incorporator Date

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