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Florida Department of State
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FLORIDA PROFIT/NON PROFIT CORPORATION

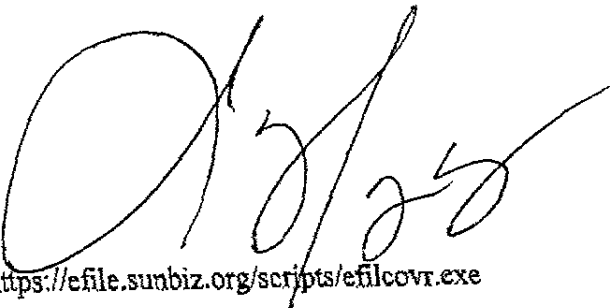
Cu'ture Xclusive, A Wellness Studio Inc.

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2/21/2006

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

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ARTICLE I NAME

The name of the corporation shall be:

Cu'ture Xclusive, A Wellness Studio Inc.

ARTICLE II PRINCIPAL OFFICE

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

**Cu'ture Xclusive, A Wellness Studio Inc.
4303 Lake Jennie Drive
Sanford, FL 32773**

ARTICLE III SHARES

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

1,500 Shares at No Par Value

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

**Shantell Haynes
4303 Lake Jennie Drive
Sanford, FL 32773**

Prepared By:
**Bruce B. Hubbard
7 East John St.
Hicksville, New York 11801
516-935-3940**

ARTICLES V INITIAL OFFICER(S)/DIRECTOR(S)

The name(s) and street address(es) and title(s) to these Articles of Incorporation is(are):

Shantell Haynes - President/Director
P.O. Box 800741
Aventura, FL 33280

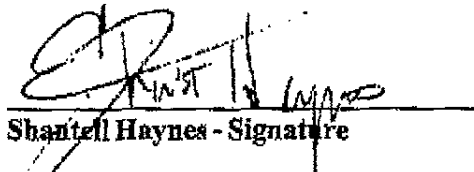
ARTICLES VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Shantell Haynes
P.O. Box 800741
Aventura, FL 33280

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

17th day of February 2006.


Shantell Haynes - Signature

CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN THE DESIGNATING THE REGISTERED OFFICE/AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: Cu'ture Xclusive, A Wellness Studio Inc.

2. The name and address of the registered agent and office is:

Shantell Haynes

Name

4303 Lake Jennie Drive

(P.O. Box or Mail Drop Box NOT Acceptable)

Sanford, FL 32773

(City / State / Zip)

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 the statutes relating to the proper and complete performance of my duties, and am familiar with and accept the obligations of my position as registered agent.


Shantell Haynes
SIGNATURE

February 17, 2006

(Date)

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