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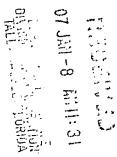
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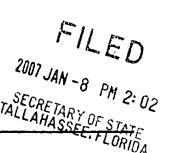
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MIAMI, FL 33165 (305) 552-5973 Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) 2.00 Pick up time Certified Copy Mail out ☐ Photocopy Certificate of Status NEW FILINGS <u>AMENDMENTS</u> Profit Not for Profit Resignation of R.A., Officer/Director Limited Liability Change of Registered Agent Domestication ☐ Dissolution/Withdrawal Other Merger OTHER FILINGS REGISTRATION/QUALIFICATION Annual Report ☐ Foreign Fictitious Name Limited Partnership Reinstatement Trademark Other

Examiner's Initials



ARTICLES OF INCORPORATION

THE UNDERSIGNED INCORPORATOR(S), FOR THE PURPOSE OF FORMING A CORPORATION UNDER THE FLORIDA BUSINESS CORPORATION ACT, HEBERY ADOPT(S) THE FOLLOWING ARTICLES OF INCORPORATION.

ARTICLE I- NAME

THE NAME OF THE CORPORATION SHALL BE:

EXCLUSSIVE TEAM SERVICES INC

ARTICLE II- PRINCIPAL OFFICE

1840 WEST 49 STREET SUITE# 710 HIALEAH, FL 33012.

ARTICLE III- SHARES

1000 SHARES OF \$ 1.00

ARTICLES IV-INITIAL REGISTERED AGENT AND STREET ADD.

THE NAME AND ADDRESS OF THE INITIAL REGISTERED AGENT IS:

HARRY VELAZCO 1840 WEST 49 STREET SUITE # 710 HIALEAH, FL 33012.

ARTICLE V- INCORPORATOR

ZOOT JAN -8 PM 2: 03 THE NAME AND ADDRESS OF THE INCORPORATOR TO THESE **OF INCORPORATION IS:**

HARRY VELAZCO **1840 WEST 49 STREET SUITE #710** HIALEAH, FL 33012

THE UNDERSIGNED INCORPORATOR HAS EXECUTED THESE ARTICLES OF INCORPORATION THIS 4 DAY OF JANUARY .2007.

ARTICLE VI- DIRECTOR(S)

THE NAME(S) AND STREET ADDRESS(ES) OF THE DIRECTOR(S) TO THESE **ARTICLES OF INCORPORATION IS (ARE):**

PRESIDENT HARRY VELAZCO DIRECTOR **1840 WEST 49 STREET SUITE #710 SECRETARY** HIALEAH, FL 33012

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE.

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY.I FURTHER AGREE TO COMPLAY WITH THE PROVISIONS OF ALL STATUTES RELATED TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

REGISTERED AGENT SIGNATURE.