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2000 MAR -6 AM 2: 18 SECRETARY OF STATE TALLAHASSEE, FLORID.

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.

ARTICLE I - NAME

The name of the corporation shall be:

Xclusif, Copp.

ARTICLE II - PRINCIPAL OFFICE

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

8180 NW 36 STREET No 106 Miami, Florida 33166

ARTICLE III -SHARES

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

100

ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Caplos Arango 8180 NW 36 Staat No 106 Miami, Florido 33166

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ARTICLE V - INCORPORATOR

The name and street address of the incorporator to these Articles of			
incorporation is:	CADIOS ÁIZONGO		
	8180 NW 36 St. NO 106		
	Miami, Florida 33166		

The undersigned incorporator has executed these Articles of Incorporation this D5 day of MORCH 2008

ARTICLE VI- DIRECTOR(S)

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

Incorporation is (are);		
Moetho Betoncourt 1221 SW 88St (Vice-President) NORMO Soemiento 724SW 158 WOY (Treasure2)	1	
Moetho beton court 4201 SW 88ST (Vice President)		
NORMO SQEMIENTO 7345W 158 WOY JUAN MONLE! VOROOS 5880 Collins hie 4°801 Miomi Borch #1 36	us Diber	dor
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 comply with the provisions of all statutes related to the proper and complete performance of my duties, and I am familiar with and accept the	2008 MAR - SECRETAF TALLAHAS	77
obligations of my position as Registered Agent.	-6 SS(R)	-
autifalligo	AM OF	m
Registered Agent Signature	STA.	