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Office Use Only TION NAME(S) & DOCUMENT NUMBER(S), (if known): XCLUSIVE WORKS Inc. (Corporation Name) (Document #)
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Amendment Profit Resignation of R.A., Officer/Director
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SECRETARY OF STATE TALLAHASSEE. FLORIDA

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:

EXCLUSIVE WORKS INC

ARTICIE II PRINCIPAL OFFICE

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

3464 NW 26 AVE

)

BOCA RATON, FLORIDA 33434

ARTICLE III SHARES

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

100 Shares @ \$1.00 par value

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

GUSTAVO A. FAJARDO 3464 NW 26 AVE BOCA RATON, FLORIDA 33434

ARTICLE V INCORPORATOR (S)

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

GUSTAVO A. FAJARDO 3464 NW 26 AVE BOCA RATON, FLORIDA 33434 (561) 305-5413 President / Secretary

Gustavo 1. Fajardo

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 DESIGNATING THE REGISTERED OFFICE. REGISTERED AGENT, IN THE SATE OF FLORIDA.

The name of the corporation is

EXCLUSIVE WORKS INC

3464 NW 26 AVE BOCA RATON, FLORIDA 33434

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							GUSTAVO A.	FAJARD	00	. ,	
								Name	-		
							3464	NW 26	AVE		
				*************	(P	٠٥.	Box or Mail	l Drop I	NOT acdo	eptable)	
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BOCA RATON, FLORIDA 33434											
(City/State/Zip)											
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Having b	een	named	a.s	register	ed a	çen	it and to acc	cept sea	rvice of		
process	for	the a	bove	stated	corp	ora	tion at the	place o	designat	ed in	
this cer	tifi	cate,	I h	ereby ac	cept	th	e appointmer	nt as re	egistere	:d	
agent and agree to act in this capacity. I further agree to comply											
							relating to				
complete	per	forma	nce	of my du	ties	, a	nd I am fami	iliar w	ith and	accept	•
the obli	gati	ons c	z my	positio	n as	re	gistered age	ent.			
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DIVISION OF CORPORATIONS, P.C. BOX 6327, TALLAHASSEE, FL 23214