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(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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M-25-09

COVER LETTER

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

SUBJECT:	EXCLUSIVE CUT'S INC		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE 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 COPY REQUIRED	
FROM:		TA MURAT e (Printed or typed)	
	130 NW 208 STREET Address		
	MIAMI, FL 33169 City, State & Zip		
	305-506-5450 Daytime Telephone number		
	vmur.brown@gmail.com E-mail address: (to be used for future annual report notification)		

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

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

EXCLUSIVE CUT'S INC

ARTICLE II PRINCIPAL OFFICE

The principal <u>street</u> address and mailing address, if different is: 2016 OPA LOCKA BLVD OPA LOCKA, FL 33054

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: BEAUTY SALON

<u>ARTICLE IV SHARES</u>

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

VESTA MURAT 130 NW 208TH STREET MIAMI FL 33169 OWNER/PRESIDENT TORIANO JOHNSON 2016 OPA LOCKA, FL 33054 VICEPRESIDENT

ARTICLE VI REGISTERED AGENT

The <u>name and Florida street address</u> (P.O. Box NOT acceptable) of the registered agent is: TORIANO JOHNSON 2016 OPA LOCKA, FL 33054

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

VESTA MURAT 130 NW 208TH STREET MIAMI, FL 33169

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Signature/Registered Agent

Signature/Incorporator

9/21/09 Date

21 09 Date