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Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : BLANCO ACCOUNTING I, INC.

Account Number : I20100000060 Phone : (305)828-1148

Fax Number : (305)828-1709

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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FLORIDA PROFIT/NON PROFIT CORPORATION AG WOOD WORKS CORP

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D. PROFESSIONALAGE

May 25, 2012

FLORIDA DEPARTMENT OF STATE
Division of Corporations

BLANCO ACCOUNTING I, INC.

SUBJECT: AG WOOD WORKS CORP

REF: W12000028939

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You have indicated in your document the ownership and percentages of the authorized shares. Please note this information is not required nor is it maintained by the Department of State. While we cannot require such, it is recommended that it be removed from the document. The only information needed for this filing is the number of authorized shares.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

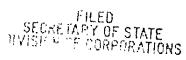
If you have any questions concerning the filing of your document, please call (850) 245-6052.

Jessica A Fason Regulatory Specialist II FAX Aud. #: H12000138091 Letter Number: 012A00015238

12 MAY 29 AM 9: LO

P.O BOX 6327 - Tallahassee, Florida 32314

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



ARTICLE I The name of the con	12 MAY 29 AM 9: 48		
17	PRINCIPAL OFFICE Principal street address /100 SW 118 PL AMI_FL 33177	Mailing address PO BOX 22535 HIALEAH FL 33002	if different is:
ARTICLE III F The purpose for wh ANY AND ALI	ICH THE CORPORATION IS ORGANIZED IS: - LAWFUL BUSINESS		
The number of share			
ARTICLE V	<i>INITIAL OFFICERS AND/OR DIRECTORS</i> IC:ABEL GONZALEZ GOMEZ (PRESIDENT)	Na 4 Wiston	
Address:	17100 SW 118 PL		
Addicss.	MIAMI FL 33177	Address.	
	TRITICAL AND THE CONTRACTOR OF	· · ·	
Name and Titl	le:	Name and Title:	
Address:		Address:	
Name and Tit	le:	Name and Title:	•
Address:		Address:	
			
			
			······································
	REGISTERED AGENT		
The name and Flor	ida street address (P.O. Box NOT acceptable) of the	he registered agent is:	
Name:	LUIS R BLANCO		
Address:	2401 W 72ND STREET SUITE 1		
	HIALEAH FL 33016		
	· · · · · · · · · · · · · · · · · · ·		
	INCORPORATOR		
	ress of the Incorporator is:		•
Name:	AREL GONZALEZ GOMEZ	·	
Address:	17100 SW 118 PL		
	MIAMI,FL 33177		
	d as registered agent to accept service of process familiar with and accept the appointment as regis		
	Required Signature/Registered Agent		Date
		•	
I submit this docum	vent and affirm that the facts stated herein are to	rue. I am aware that the false	information submitted in a
document to the Dep	partment of State constitutes a third degree felony	as provided for in s.817.155. F.S	
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