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SECRETARY OF STATE DIVISION OF CORPORATIONS

4/9/13

COVER LETTER

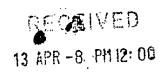
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	TE NAME – <u>MUST INCL</u>	
Enclosed are an original and one (1) copy of the article \$70.00 \$78.75 Filing Fee Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status
FROM: Latista Thoma: Name	S (Printed or typed)	
MIAMI, FLQ.	SIREET Address State & Zip	13 APR -8 PM

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Daytime Telephone number





FLORIDA DEPARTMENT OF STATE OF CORPORABLES * Division of Corporations

March 28, 2013

LATISHA THOMAS 1120 NW 133 STREET MIAMI, FL 33168

SUBJECT: FUNKSWAE' INC. Ref. Number: W13000018126

We have received your document for FUNKSWAE' INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

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 the corrected original and one copy of 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.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 913A00007383

13 APR -8 PH 4: 11

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: FUNKSWAE INC.
ARTICLE II	PRINCIPAL OFFICE
	Principal street address Nailing address, if different is: 1120 N. W. 133 STREET
	MIAMI IFLA: MIAMI IFLA:
	33168
ARTICLE III	PURPOSE
THROUG	
	_
	Q = 1.0
ADTICLE III	EUADEC Calisha Damas
The number of sh	SHARES hares of stock is: 100 SHARES TO CATISHATHOMAS
THS S	INITIAL OFFICERS AND/OR DIRECTORS
Name and	
Address:	1120 N.W. 133 STPSET Address: ILIO9 ROSA LITENIES I
	MAMIFIA. Rockledge Fla.
	3316832955
Name and	Title: Name and Title:
Address:	Address:
Name and	Title: Name and Title:
Address:	Address:
	= ≤ \(\sigma \)
ARTICLE VI	REGISTERED AGENT Clorida street address (P.O. Box NOT acceptable) of the registered agent is:
The <u>name and F</u> Name:	Torida street address (P.O. Box NOT acceptable) of the registered agent is:
Address:	ITERR 67th COURT NORTH
	Loxchatchee Fla.
ARTICLE VII	INCORPORATOR 33470 US
	ddress of the Incorporator is:
Name:	Latisha Thomas - 5m
Address:	1170 N.W. 137 STREE! MIAMI FLQ 33168
\mathcal{C}	Mirror, Proc., Steel
	med 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
\	Me Modernsky 12/19/12
	Required Signature/Registered Agent Date
	cument and affirm that the facts stated herein are true. I am aware that the false information submitted in a Department of State constitutes a third degree felony as provided for in s.817.155, F.S.
()	Department of State constitutes a intra aegree fetony as provided for in \$.017.155, F.S.
That.	ich ethour on
	Required Signature/Incorporator Date