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FLORIDA PROFIT/NON PROFIT CORPORATION Sculpture Lighting Studio Inc.

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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:

Sculpture Lighting Studio Inc.

ARTICLE II PRINCIPAL OFFICE

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

20533 Biscayne Boulevard #4-111 Aventura, FL 33180 15 MAR 20 PM 12: 12
SCORE PARY OF STATE
FALLAHASSEE, FLORIES

ARTICLE III SHARES

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

1,500 Shares at No Par Value

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Abey Cohen 20533 Biscayne Boulevard #4-111 Aventura, FL 33180

Prepared By: Bruce B. Hubbard 77 East John St. Hicksville, New York 11801 1-516-935-3940

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ARTICLE V INITIAL OFFICER(S)/DIRECTOR(S)

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

Abey Cohen - President/Director 20533 Biscayne Boulevard #4-111, Aventura, FL 33180

Liora Cohen - Vice President/Director 20533 Biscayne Boulevard #4-111, Aventura, FL 33180

ARTICLE VI INCORPORATOR(S)

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

Abey Cohen 20533 Biscayne Boulevard #4-111, Aventura, FL 33180

Liora Cohen 20533 Biscayne Boulevard #4-111, Aventura, FL 33180

20 15

Signature

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

Abey Cohen	Signature

day of March

17th

Liora Cohen

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

1. The name of the corporation is: Sculpture Lighting Studio Inc.

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 THE DESIGNATING THE REGISTERED OFFICE/AGENT, IN THE STATE OF FLORIDA.

2. The name and address of	the registered agent and office is:
	Abey Cohen
	Name
	20533 Biscayne Boulevard #4-111
	(P.O. Box or Mail Drop Box NOT Acceptable)
	Aventura, FL 33180
	(City / State · Zip)
corporation at the place d agent and agree to act in t	gistered agent and to accept service of process for the above stated esignated in this certificate, I hereby accept the appointment as registered this capacity. I further agree to comply with the provisions of all the statute
orporation at the place d igent and agree to act in t elating to the proper and	esignated in this certificate, I hereby accept the appointment as registered his capacity. I further agree to comply with the provisions of all the statute complete performance of my duties, and am familiar with and accept the
corporation at the place d igent and agree to act in t	esignated in this certificate, I hereby accept the appointment as registered his capacity. I further agree to comply with the provisions of all the statute complete performance of my duties, and am familiar with and accept the