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9/4/2015

P15000214225

P. 001/003

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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**FLORIDA PROFIT/NON PROFIT CORPORATION
EXCLUSIVE ALLIES INC**

Certificate of Status	0
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FAX No.

P. 002/003

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 ALLIES INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

135 WESTWARD DR

MIAMI SPRINGS, FL 33166

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFULL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: CUOR DI LEONE INC. (P)

Name and Title: _____

Address 135 WESTWARD DR

Address: _____

MIAMI SPRINGS, FL 33166

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Name and Title: _____ Name and Title: _____
 Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: CUOR DI LEONE **INC**
 Address: 135 WESTWARD DR
 MIAMI SPRINGS, FL 33166

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: CUOR DI LEONE **INC**
 Address: 135 WESTWARD DR
 MIAMI SPRINGS, FL 33166

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ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

 Required Signature/Registered Agent
 09/02/2015
 Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

 Required Signature/Incorporator
 09/02/2015
 Date