

JAN 11 2016 MON 01 06 P

FAX No

001

1/11/2016

Division of Corporations

Florida Department of State

Division of Corporations

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FLORIDA PROFIT/NON PROFIT CORPORATION  
ONYX EXCLUSIVE, INC.

Certificate of Status	0
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FAX No.

P. 002

**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: ONYX EXCLUSIVE, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

16020 SW 284 STREET

HOMESTEAD, FL 33033

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS AND CLOTHING, JEWELRY, HOUSEHOLD AND PERSONAL

**ARTICLE IV SHARES**

The number of shares of stock is: SHARES: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: ONEXA LUYA (PSD)

Name and Title: \_\_\_\_\_

Address

16020 SW 284 STREET

Address: \_\_\_\_\_

HOMESTEAD, FL 33033

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address

Address: \_\_\_\_\_

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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: ONEXA LUYA  
 Address: 16020 SW 284 STREET  
HOMESTEAD, FL 33033

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: ONEXA LUYA  
 Address: 16020 SW 284 STREET  
HOMESTEAD, FL 33033

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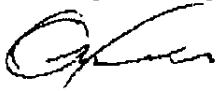
**ARTICLE VIII EFFECTIVE DATE:**

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

1/11/2016  
 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

1/11/2016  
 Date