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11/11/2016

FAX No. 001

P16000002380

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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FLORIDA PROFIT/NON PROFIT CORPORATION
ONYX EXCLUSIVE, INC.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

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16 JAN 11 PM 3:30

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R 01/12/16

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

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ARTICLE I NAME
The name of the corporation shall be: ONYX EXCLUSIVE, INC.

ARTICLE II PRINCIPAL OFFICE
Principal street address: 16020 SW 284 STREET
Mailing address, if different is: _____
HOMESTEAD, FL 33033

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: _____

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

 _____ 1/11/2016
 Required Signature/Registered Agent 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.

_____ 1/11/2016
 Required Signature/Incorporator Date

