

5/6/2021

Division of Corporations

Florida Department of State
Division of Corporations
600 North Florida Avenue, Suite 100
Tallahassee, Florida 32301

P2100041371

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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FLORIDA PROFIT/NON PROFIT CORPORATION
EXCLUSIVE STONE WORKS, CORP.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

2021 MAY -6 PM 2:55

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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 STONE WORKS, CORP.**

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

9601 SW 142 AVE APT 1024
MIAMI, FL 33196

7401 SW 147 CT
MIAMI, FL 33193

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: **ANY AND ALL LAWFUL BUSINESS.**

ARTICLE IV SHARES

The number of shares of stock is: **100**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JHONATAN EYZAGUIRRE (P)

Address: 7401 SW 147 CT

MIAMI, FL 33193

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: JHONATAN EYZAGUIRRE

Address: 7401 SW 147 CT

MIAMI, FL 33193

ARTICLE VII INCORPORATOR

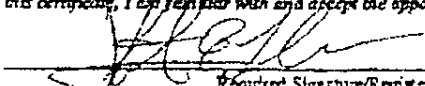
The name and address of the Incorporator is:

Name: MAYTE SALGADO

Address: 7401 SW 147 CT

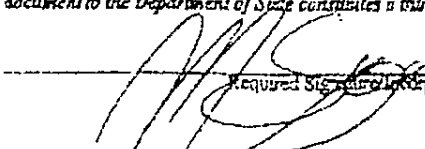
MIAMI, FL 33193

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

4/30/2021
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

4/30/2021
Date