OFFICA OSE ON A COCUMENTAL ETPRESS CORPORATE FIL (Requestor's Name) 1000 PONCE DE LEON BL (Address) CORAL GABLES, FLORIDA (City, State, Zip)	VD. STE:112
(305)444-4994	OFFICE USE ONLY
(Phone#)	
CORPORATION NAME(S) &	DOCUMENT NUMBER(S) (if known):
1. EXCLUSIVE (
(Corporation Name)	(Document #)
(Corporation Name)	(Document #)
3. (Corporation Name)	(Document #)
4. (Corporation Name)	
Walk in Pick up time Mail out Will wait	Photocopy Certificate of Status SSP 0
NEW FILINGS	AMENDMENTS OF TOTAL STATE OF THE STATE OF TH
Profit	Amendment
NonProfit	Resignation of R.A., Officer/Director
Limited Liability	Change of Registered Agent
Domestication	Dissolution/Withdrawal
Other	Merger
OTHER FILINGS Annual Report Fictitious Name Name Reservation	200003067262—8
CR2E031(9/92)	Other Examiner's Initials

ARTICLES OF INCORPORATION OF

EXCLUSIVE CELL, CORP.

THE UNDERSIGNED has executed the following document as incorporator of the above named corporation, a corporation organized under the laws of the State of Florida, and all rights, duties and obligations of the undersigned as incorporator, and those of the corporation, are to be determined in accordance with the laws of the State of Florida.

ARTICLE I

The name of this corporation shall be:

Exclusive Cell, CORP.

ARTICLE II

This corporation shall commence existence upon the filing of these Articles of Incorporation by the Department of State, State of Florida, and shall have perpetual existence.

ARTICLE III

The general nature of the business and objects and purposes proposed to be transacted and carried on by this corporation are to do any and all of the things herein mentioned, as fully and to the same extent as natural persons might do, viz:

- (1) Transact any and all lawful business.
- (2) Said corporation shall further have powers:

 To have perpetual succession by its corporate name.

ARTICLE IV

The aggregate number of shares which the corporation shall have authority to issue is the total sum of 100 shares, having an individual par value of \$10.

Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation.

ARTICLE V

Each of the Shareholders covenants and agrees that he will not sell, assign, transfer, donate or otherwise dispose of, or pledge, hypothecate or otherwise encumber any of the shares of the Corporation's stock except upon the prior written consent of the remaining Shareholders.

ARTICLE VI

The street address of the initial registered office and the name of the initial Resident Agent of this corporation shall be:

Leopoldo Rios 1800 West 49th Street Suite 207 Hialeah, FL 33012 The principal address shall be: 5207 NW 74th Ave Miami, FL 33166

ARTICLE VII

The initial Board of Directors shall consist of a total of two (2) persons, and the name and address of the persons who are to serve as initial directors are:

PRESIDENT/SECRETARY ALFREDO AMARO

5207 NW 74th Ave Miami FL 33166

VICE-PRESIDENT/TREASURER

OSCAR MAITA 5207 NW 74th Ave Miami FL 33166

The name and address of the incorporator executing these Articles of Incorporation is: LEOPOLDO RIOS 1800 W, 49th Street, Ste. 207 Hialeah, FL 33012

IN WITNESS WHEREOF, the undersigned incorporator has (ve) executed Articles of Incorporation this 08 day of December , 1999.	these
Lyphayla /a	
STATE OF FLORIDA	
COUNTY OF DADE	
BEFORE ME, a notary public authorized to take acknowledgements in the state county set forth above, personally Alfredo Amaro and Oscar Maita, known to make known by me to be the person (s) who executed the foregoing Articles of Incorporated and he (they) acknowledge before me that he (they) executed those Artic Incorporation. IN WITHNESS WHEREOF, I have hereunto set my hand and affixed my officing in the state and county aforesaid, this08	ne and ration, les of
NOTARY PUBLIC, STATE OF FLORAT LARGE My Commission Expires:	RIDA

CERTIFICATE OF DESIGNATION REGISTERED AGENT / REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office / registered agent, in the State of Florida.

1. The name of the corporation is:	
EXCLUSIVE CELL, CORP.	
	—
2. The name and address of the registered agent and office is:	
Leopoldo Ríos	_
(NAME)	
1800 W, 49th Street, Suite 207	
(P.O.BOX NOT ACCEPTABLE)	
Hialeah, FL 33012	
(CITY/STATE/ZIP CODE)	■ E SE PER TOWNS A

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

Signature

Date 12/08/1999