# P05000130265

| (Requestor's Name)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |    |
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| (City/State/Zip/Phone #)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |    |
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| PICK-UP WAIT MAIL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |    |
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| (Business Entity Name)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |    |
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| (Document Number)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |    |
| Continue of Change                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |    |
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| Special Instructions to Filing Officer:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | )[ |
| Special Instructions to Filing Officer:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ∜  |
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| Office Use Only                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |    |
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| & Mr.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |    |



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Art. orrection

## $SUNSHINE \ {\tt corporate}\ \ {\tt filing}\ \ {\tt of}\ \ {\tt fl'orida}, \ {\tt inc}.$

3458 Lakeshore Drive Tallahassee, Florida 32312 (850) 656-4724

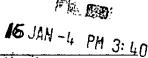
| COVER LETTER DATE: 1-4-2016 WALK IN                                        |
|----------------------------------------------------------------------------|
| NAME: Pleasant KIDS, Inc                                                   |
|                                                                            |
| (NAME AVAILABLE? CORRECT FORM)                                             |
| PLEASE FILE THE ATTACHED AND RETURN:                                       |
| PLAIN COPY<br>CERTIFIED COPY                                               |
| CHECK #2182_<br>AMOUNT:35                                                  |
| PLEASE CONTACT TINA AT 850-508-1891 WITH ANY QUESTIONS OR CORRECTIONS!     |
| THANK YOU!  TINA GOFF, PRESIDENT  SUNSHINE CORPORATE & FILING SERVICES INC |

## **COVER LETTER**

| Division of Corporations                                                                        |                                                                                                                                |
|-------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|
| Pleasant Kids, Inc.                                                                             |                                                                                                                                |
| SUBJECT:                                                                                        | Name of Corporation                                                                                                            |
| DOCUMENT NUMBER:_<br>P15000068165                                                               |                                                                                                                                |
| The enclosed Articles of Correction and f                                                       | ee are submitted for filing.                                                                                                   |
| Please return all correspondence concerni                                                       | ng this matter to the following:                                                                                               |
| Simon Kogan                                                                                     |                                                                                                                                |
| Name of Contact Person                                                                          |                                                                                                                                |
| Law Office of Simon Kogan                                                                       |                                                                                                                                |
| Firm/Company                                                                                    |                                                                                                                                |
| 171 Wellington Court, Suite 1J                                                                  |                                                                                                                                |
| Address                                                                                         | <del></del>                                                                                                                    |
| Staten Island, New York 19314                                                                   |                                                                                                                                |
| City/State and Zip Code                                                                         |                                                                                                                                |
| SIMONKOGAN@KOGANLAW.NET E-mail address: (to be used for future annual                           | report notification)                                                                                                           |
| For further information concerning this m                                                       | natter, please call:                                                                                                           |
| Simon Kogan  Name of Contact Person                                                             | at (718) 984-3789  Area Code & Daytime Telephone Number                                                                        |
|                                                                                                 |                                                                                                                                |
| Enclosed is a check for the following amo                                                       | ount:                                                                                                                          |
| x\$35.00 Filing Fee                                                                             | ☐ \$43.75 Filing Fee & Certificate of Status                                                                                   |
| □ \$43.75 Filing Fee & Certified Copy                                                           | ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy                                                                   |
| Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 |

### ARTICLES OF CORRECTION

For



## Pleasant Kids, Inc. Name of Corporation as currently filed with the Florida Dept. of State P15000068165 Document Number (if known) Pursuant to the provisions of Section 607.0124 or 617.0124, Florida Statutes, this corporation files these Articles of Correction within 30 days of the file date of the document being corrected. These articles of correction correct Articles of Merger (Document Type Being Corrected) filed with the Department of State on December 30, 2015 (File Date of Document) Specify the inaccuracy, incorrect statement, or defect: The Articles of Merger incorrectly named the wholly owned subsidiary, Next Group Holdings, Inc., as the surviving Corporation when the parent, Pleasant Kids, Inc. should have been named the surviving entity. Also, as part of such merger the surviving entity's name should have been changed from Pleasant Kids, Inc. to Next Group Holdings, Inc. and such name change was inadvertently omitted. Correct the inaccuracy, incorrect statement, or defect: The surviving entity in the merger between Next Group Holdings and Pleasant Kids, Inc. is Pleasant Kids, Inc. The name of Pleasant Kids, Inc shall be changed as of December 30, 2015 to Next Group Holdings, Inc.

## /s/Arik Maimon

(Signature of a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of the receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

/s/Arik Maimon

Chairman, President, CEO

(Typed or printed name of person signing)

(Title of person signing)

Filing Fee: \$35.00

#### ARTICLES OF MERGER OF

## PLEASANT KIDS, INC.

(a Florida corporation)

#### WITH

#### NEXT GROUP HOLDINGS, INC.

(a Florida corporation)

Pursuant to Section 607.1105 of the Florida Business Corporation Act

Pursuant to Section 607.1105 of the Florida Business Corporation Act (the "FBCA"), these Articles of Merger provide as follows:

## ARTICLE I State of Incorporation; Surviving Corporation

The name and state of incorporation of each of the constituent corporations of the merger is as follows:

Name State of Incorporation

Pleasant Kids, Inc.

Florida

Next Group Holdings, Inc.

Florida

Pleasant Kids, Inc., a Florida Corporation, shall be the surviving corporation.

#### ARTICLE II Plan of Merger

The Agreement and Plan of Merger providing for the merger of Pleasant Kids, Inc. ("PLKD"), with and into Next Group Holdings, Inc., with Pleasant Kids, Inc. as the surviving entity, of the merger of Next Group Holdings and NGH Acquisition Corp, a Florida corporation ("Next Group"), is attached hereto as Exhibit A (the "Agreement and Plan of Merger"). The Surviving Company's name shall be changed to Next Group Holdings, Inc.

## ARTICLE III Approval of the Plan

The Board of Directors of Next Group Holdings, Inc. and PLKD reviewed, considered and, on December 28, 2015 pursuant to an action by unanimous written consent in accordance with Section 607.0821 of the FBCA, duly adopted the Agreement and Plan of Merger. Next Group Holdings, Inc. presented the Agreement and Plan of Merger to the sole shareholder of Next Group Holdings, Inc. in accordance with Section 601.1101 of the FBCA.

Thereafter, the sole shareholder of Next Group Holdings, PLKD, approved the Agreement and Plan of Merger on December 28, 2015 pursuant to an action by written consent of its directors in accordance with section 607.0704 of the FBCA.

Since the merger involved only a parent and its wholly owned subsidiary, no approval by PLKd's shareholders was required.

## ARTICLE IV Effective Time

These Articles of Merger shall become effective on the date and 3:00 p.m. on December 31, 2015

IN WITNESS WHEREOF, the undersigned duly authorized officers of the constituent corporations have caused these Articles of Merger to be executed this 30th day of December, 2015

PLEASANT KIDS, INC. a Florida Corporation

By: /s/ Arik Maimon

Name: Arik Maimon

Title: President

**NEXTGROUP HOLDINGS, INC.,** a Florida Corporation

By: /s/ Arik Maimon

Name: Arik Maimon

Title: President

#### EXHIBIT A

#### ARTICLES OF MERGER OF

PLEASANT KIDS, INC. (a Florida corporation)

#### WITH

#### NEXT GROUP HOLDINGS, INC.

(a Florida corporation)

Pursuant to Section 607.1105 of the Florida Business Corporation Act

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Name State of incorporation

Pleasant Kids, Inc.

Florida

Next Group Holdings, Inc.

Florida

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## ARTICLE II Plan of Merger

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PLEASANT KIDS, INC. a Florida Corporation

By: /s/ Arik Maimon

Name: Arik Maimon

Title: President

**NEXTGROUP HOLDINGS, INC., a Florida** Corporation

By: /s/ Arik Maimon

Name: Arik Maimon

Title: President