

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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 Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION
PHOENIX ATLANTIC, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
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ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: Phoenix Atlantic, Inc.**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

5 Ocean PlaceHighland Beach, FL 33487**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: all lawful business.**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Jacek Mucha, President

Name and Title: _____

Address 5 Ocean Place

Address: _____

Highland Beach, FL 33487

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

Name: Jacek Mucha
Address: 5 Ocean Place
Highland Beach, FL 33487

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: Steven Scile PA
Address: 6070 N. Federal Hwy.
Boca Raton, FL 33487

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.

X _____
Required Signature/Registered Agent

9/24/15
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

9/29/15
Date

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