

P11000077493

Division of Corporations

Page 1 of 1

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

((H11000215621 3)))



H110002156213ABCT

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 617-6381

From: Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 075350000353
Phone : (212) 431-5000
Fax Number : (212) 431-1441

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

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
PANKA PETE NORTH AMERICA, INC.

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$78.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 AUG 31 AM 9:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 AUG 31 PM 4:55

RECEIVED

Electronic Filing Menu

Corporate Filing Menu

Help

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

ARTICLE I NAME PANKA PETE NORTH AMERICA, INC.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
4000 Williams Island Blvd, Ste. 2907
Aventura, FL 33160

Mailing address, if different is:
243 5th Avenue, BOX 313
New York, NY 10016

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
to transact any and all lawful purposes for which a corporation may be formed

ARTICLE IV SHARES

The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Rene Garcia (Director)</u>	Name and Title: _____
Address: <u>866 Shore Road, Apt. 1E</u>	Address: _____
<u>Long Beach, NY 11581</u>	_____

Name and Title: <u>Gianni Persich (Director)</u>	Name and Title: _____
Address: <u>Williams Island Blvd,</u>	Address: _____
<u>Ste. 2907</u>	_____
<u>Aventura, FL 33160</u>	_____

Name and Title: <u>Neofitos Stefanides (Director)</u>	Name and Title: _____
Address: <u>23-08 30th Avenue, Fl 6</u>	Address: _____
<u>Astoria, NY 11102</u>	_____

ARTICLE VI REGISTERED AGENT

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

Name: Gianni Persich
Address: 4000 Williams Island Blvd, Ste. 2907
Aventura, FL 33160

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Arac Rivera c/o BlumbergExcelsior, Inc.
Address: 62 White Street, 2nd Floor
New York, NY 10013

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

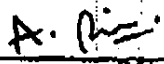


Required Signature/Registered Agent

08/31/2011

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

08/31/2011

Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 AUG 31 AM 9:53

2011-08-31