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#6659 P.001/004
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Florida Department of State
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FLORIDA PROFIT/NON PROFIT CORPORATION
POLYMAN INSURANCE CORP.

Certificate of Status	0
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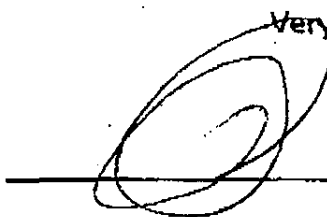
Florida Department of State

Attention: New Filings Section

To whom it may concern:

This is to advise you that the owners of Polyman Insurance Corp.
of Doc # PO4000040675 are the same owners of the attached
articles of incorporation. We have dissolved the company and have no intention
of reopening it. Thank you for your help in this matter.

Very sincerely,



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ARTICLES OF INCORPORATION

The undersigned Incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I - NAME

The name of the corporation shall be:

POLYMAN INSURANCE CORP.

ARTICLE II - PRINCIPAL OFFICE

The principal place of business and mailing of this corporation shall be:

11111 Biscayne Blvd. #1807
N. MIAMI, FL 33181

ARTICLE III - SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

ARTICLES IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Rafael Rubio
11111 Biscayne Blvd. #1807
N. MIAMI, FL 33181

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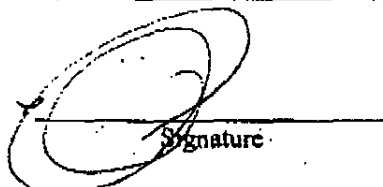
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H11000276015**ARTICLE V - INCORPORATOR**

The name and address of the incorporator to these Articles of Incorporation is:

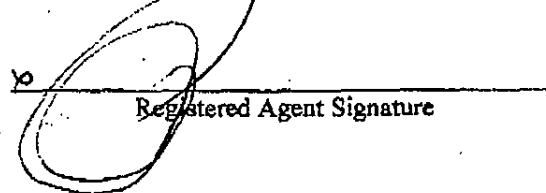
ANA M. Rubio
Rafael Rubio
11111 Biscayne Blvd # 1807
N. Miami, FL 33181

The undersigned incorporator has executed these Articles of Incorporation this
21 day of November 2011.
Signature**ARTICLE VI - DIRECTOR(S)**The name(s) and street address (es) of the director(s) to these Articles
Incorporation is (are):

ANA M. Rubio - Director
Rafael Rubio - Director - President

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT
/REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at 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 related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.


Registered Agent Signature**H11000276015**SECRETARY OF STATE
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