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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: POLLANO, Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00 Filing Fee
☒ \$78.75 Filing Fee
& Certificate of Status

☐ \$78.75 Filing Fee
& Certified Copy
☐ \$87.50 Filing Fee,
Certified Copy
& Certificate of
Status
ADDITIONAL COPY REQUIRED

FROM: Michele Pollano
Name (Printed or typed)

411 OTTO Ln.
Address

Panama City Beach FL. 32408
City, State & Zip

850-276-3731
Daytime Telephone number

Interplanetary 2@Hotmail.com
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be: Polleno Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

411 OTTO Ln
Panama City Beach FL 32408

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Construction

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Michele Polleno CEO/owner
Address: 411 OTTO Ln
Panama City Beach FL 32408

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Michele Polleno
Address: 411 OTTO Ln
Panama City Beach FL 32408

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Michele Polleno
Address: 411 OTTO Ln
Panama City FL 32408

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

[Signature]

Required Signature/Registered Agent

May 1, 2012
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.

[Signature]

Required Signature/Incorporator

May 1, 2012
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA