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(Requestor's Name)				
(Address)				
(Ad	dress)			
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	WAIT	MAIL		
(Bu	isiness Entity Nan	ne)		
(Do	ocument Number)			
Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer:				



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SECRETARY OF STATE DIVISION OF CORPORATIONS

COVER LETTER

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

SUBJECT:	Panhaptic Inc. (PROPOSED CORPORATE NAME-MUST INCLUDE SUFFIX)		
Enclosed are an orig	inal and one (1) copy of the arti	 	
\$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 CO	DPY REQUIRED
FROM:	Olive Name	Tamos (Printed or typed)	
	9 Island	See Apt 911 Address	
	Miami Beach City,	TL 33139 State & Zip	
		39 149¢ elephone number	
	Ramos. Olivi E-mail address: (to be used		

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)

The name of the corpora	ME ution shall be: Panha	ptic Inc.	
ARTICLE II PRI	NCIPAL OFFICE Principal street address Aue Apt 911 each FL 33139	Mailing address, if dif	ferent is:
ARTICLE III PUR The purpose for which to	POSE the corporation is organized is:	denalop Big Date applications.	ta
ARTICLE IV SHA The number of shares of	IRES stock is: 1,000,000		DIVISION OF CORPORAT
	ITIAL OFFICERS AND/OR DIRECTOR		CORPORATIONS PM 12: 29
Name and Title	OLivia Ramos, CEC	Name and Title:	
Address	9 Island Due Apt 9	Address:	
	Miani Beach FL 331	<u></u>	
Name and Title	·	Name and Title:	
Address		Address:	
Name and Title	·	_ Name and Title:	
Address		Address:	

Name and Title:	Name and Title:
Address	Address:
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of Name: Olivia Ramos Address: 9 Island Ane Apt 911 Miani Beach FL 32139	DIVISE 14.
ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Olivia Ramos Address: 9 Island Due Apt 911	FILED TATE TARY OF STATE OF CORPORATIONS -2 PM 12: 29
Having been named as registered agent to accept service of process this certificate, I am familiar with and accept the appointment as registered Signature/Registered Agent	for the above stated corporation at the place designated in
I submit this document and affirm that the facts stated herein are document to the Department of State constitutes a third degree felon Required Signature/Incorporator	true. I am aware that the false information submitted in a y as provided for in s.817.155, F.S. 2 / 2 7 / 20/3 Date