

**Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850) 617-6381

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 205-8842
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TALLAHASSEE, FLORIDA

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

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**FLORIDA PROFIT/NON PROFIT CORPORATION
PFO ACQUISITION CORP.**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

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6/15/2015 2:09:57 PM From: To: 8506176381(2/3)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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: PFO ACQUISITION CORP.

ARTICLE II PRINCIPAL OFFICE
Principal street address Mailing address, if different is:
3501-B N. Ponce de Leon Blvd.
#393
St. Augustine, FL 32084

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: any lawful purpose

ARTICLE IV SHARES 100, par value \$0.0001 per share
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Mohit Bhansali</u>	Name and Title:	_____
Address	<u>President/CEO/Secretary/Treasurer</u>	Address:	_____
	<u>3501-B N. Ponce de Leon Blvd.#393</u>		_____
	<u>St. Augustine, FL 32084</u>		_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____
	_____		_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____
	_____		_____

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TALLAHASSEE, FLORIDA

Name and Title: _____ Name and Title: _____
Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

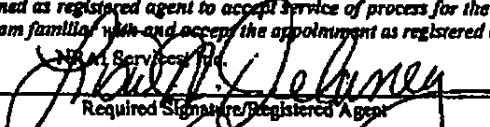
Name: NRAI Services, Inc.
Address: 1200 South Pine Island Road
Plantation, FL 33324

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Tara Guarnieri-Ferrara
Address: 61 Broadway, 32nd Floor
New York, NY 10006

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

By: 
Required Signature/Registered Agent

6/15/15
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
Tara Guarnieri-Ferrara

June 15, 2015

Date