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10/30/2015

P. 001/003

H15000259975

Florida Department of State
Division of Corporations
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**FLORIDA PROFIT/NON PROFIT CORPORATION
THE POLLACK GROUP CORP**

Certificate of Status	0
Certified Copy	1
Page Count	03
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FAX No.

P. 002/003

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: THE POLLACK GROUP CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2650 BISCAYNE BLVD

MIAMI, FL 33137

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFULL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: SHARES: 2,500,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: BARBRA M. POLLACK (P)

Name and Title: _____

Address 2650 BISCAYNE BLVD

Address: _____

MIAMI, FL 33137

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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P. 003/003

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: BARBRA M. POLLACK
Address: 2650 BISCAYNE BLVD
MIAMI, FL 33137

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: BARBRA M. POLLACK
Address: 2650 BISCAYNE BLVD
MIAMI, FL 33137

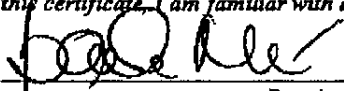
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

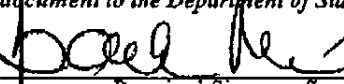


Required Signature/Registered Agent

10/29/2015

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

10/29/2015

Date