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| (Requestor's Name) |
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| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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NCR National Corporate Research (Hong Kong) Limited, a Hong Kong Limited Company

NCR National Corporate Research (UK) Limited, Registered in England and Wales, Registry # 8010712

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| Date: 12/15/2015 | Account #: I20000000088 |
|--|-------------------------|
| Name: ERIC HOOD | |
| Reference #: T002195 | |
| | |
| ENTITY NAME: PHOENIX INVESTMENTS PARTNERS, INC. | |
| Articles of Incorporation/Authorization to Transact Business | |
| Amendment | |
| Annual Report | |
| Change of Agent | |
| Reinstatement | |
| Conversion | |
| Merger | |
| Dissolution/Withdrawal | |
| Fictitious Name | |
| Other: GOOD STANDING | . |
| | |
| | |
| # | |
| Authorized Amount: 7875 | |
| Authorized Amount: 7875 Signature: Byker | |

PHOENIX INVESTMENTS PARTNERS, LLC 1440 Executive Circle NE Palm Bay, Florida 32905

December 11, 2015

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

RE: Authorization for Use of Name PHOENIX INVESTMENTS PARTNERS, INC.

Dear Sir/Madam:

This letter is to inform you that I authorize the use of the name PHOENIX INVESTMENTS PARTNERS, INC. for the formation of a new corporation of which I will be President, Director and Secretary.

Yours truly,

Rodin Younessi/

Manager

Phoenix Investments Partners, LLC

COVER LETTER

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

| SUBJECT: | PHOENIX INVEST | PHOENIX INVESTMENTS PARTNERS, INC. | | |
|-------------------------|--|-------------------------------------|--|--|
| SOBOLCI, | (PROPOSED CORPORA | ATE NAME – <u>MUST INCL</u> | UDE SUFFIX) | |
| Enclosed are an orig | ginal and one (1) copy of the ar | ticles of incorporation an | d 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 CO | PY REQUIRED | |
| FROM: | George Befeler, Esq. | e (Printed or typed) | | |
| | | er, 1441 Brickell Avenue | | |
| | | Address | | |
| | Miami, FL 33131 City | , State & Zip | | |
| | (305) 350-5159 | , | | |
| | Daytime 1 | Telephone number | | |
| | gbefeler@homerbonner.co | | | |
| | E-mail address: (to be use | ed for future annual report | notification) | |

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 corpor | E PHOENIX INV | ESTMENTS PARTNERS, INC. | |
|---|---|-------------------------|--------------------------------------|
| 251 Royal Palm Way, Palm Beach, FL 33480 | Principal <u>street</u> address Suite 600A | Mailing addre | ss, if different is: |
| | OSE the corporation is organized is: | nd all lawful business. | |
| | | | - 15 - 15 - 15 - 15 - 15 |
| Name and Titl | Stock is: AL OFFICERS AND/OR DIRECTORS PODIN VOLVESSI DDS | Name and Title: | C IS NO BEST |
| Address | Palm Beach, FL 33480 | Address: | |
| Name and Title Address | : | | |
| Name and Title Address | : | | |

| Name and Title | | Name and Title: | |
|--|---|---|---|
| Address | · · · · · · · · · · · · · · · · · · · | Address: | |
| | | | |
| | | | |
| ARTICLE VI REGIS | STERED AGENT street address (P.O. Box NOT acceptable) | of the registered agent is: | |
| Name: | Peter Homer, Esq. | Tot the registered agent is. | |
| Address: | 1441 Brickell Avenue, Suite 1200 | | |
| | Miami, FL 33131 | | |
| ARTICLE VII INCO | RPORATOR | | 新 第 5 |
| The name and address | of the Incorporator is: | | |
| Name: | George Befeler, Esq. | | 8: 55 SPATE CORTAGO CO |
| Address: | 1441 Brickell Avenue, Suite 1200 | | 公司 |
| - | Miami, FL 33131 | | |
| (If an effective date is days after the filing.) Note: If the date insert | than the date of filing: listed, the date must be specific and can ted in this block does not meet the applicative date on the Department of State's record | not be more than five business le statutory filing requirements, | |
| Having been named as this certificate, I am fai | registered agent to accept service of proc miliar with and accept the appointment as | ess for the above stated corpora registered agent and agree to ac | t in this capacity |
| | 12. Non F351 | | December /5 , 2015 |
| • | Required Signature/Registered Agent | | Date |
| I submit this document document to the Depart | t and affirm that the facts stated herein a tment of State constitutes a third degree fe | re true. I am aware that the fai lony as provided for in s.817.155 | se information submitted in a i, F.S. |
| į · | O | | December 15, 2015 |

Required Signature/Incorporator

Date