P160000614911

(Requestor's Name)				
(Address)				
(Address)				
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
		·		

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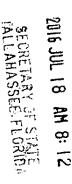
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SECRETARY OF STATE

2016 JUL 18 AM 8:

COVER LETTER

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



SUBJECT:	P3,Inc. (PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)				
_	inal and one (1) copy of the ar				
□ \$70.00	■ \$78.75	\$78.75	□ \$87.50		
Filing Fee	Filing Fee	Filing Fee	Filing Fee,		
	& Certificate of Status	& Certified Copy	Certified Copy		
		1	& Certificate of		
			Status		
		ADDITIONAL COPY REQUIRED			

FROM:

Name (Printed or typed)

6000 Indian Creek Drive, Suite 902

Address

Miami Beach, Florida 33140

City, State & Zip

954.873.5200

Daytime Telephone number

crickhathorn@hathornassociates.com

E-mail address: (to be used 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)

ARTICLE I	NAME P3, Inc.		
The name of the	e corporation shall be:		
ARTICLE II PRINCIPAL OFFICE Principal street address 6000 Indian Creek Drive, Suite 902		Mailing	address, if different is:
Miami Beack,		·	
• •	PURPOSE r which the corporation is organized is: nd improvement, and any other lawful business a		inesses interested in performance of Florida.
ARTICLE IV The number of	<i>SHARES</i> Shares of stock is:		2016 JUL 18 SECRETARY TALLAHASSE
ARTICLE V	INITIAL OFFICERS AND/OR DIRECTORS		8 AH 8: SEELFLOR
Name	and Title: Erick Hathorn, President	Name and Title:	<u>**</u>
Addre	ss 6000 Indian Creek Drive, Suite 902	Address:	
	Miami Beach, Florida 33140		
Name a	and Title: Michael Sabbag, Vice-President	Name and Title:	
Addre	6000 Indian Creek Drive, Suite 902	Address:	
	Miami Beach, Florida 33140		
Name a	and Title:	Name and Title:	
Addre	ss	Address:	

Name a	nd Title:	Name and Title:	
Addres	s	Address:	
	-		
ARTICLE VI	REGISTERED AGENT Storida street address (P.O. Box NOT acceptable) of the registered agent is:	
Name:	Michael Sabbag	of the registered agent is.	
Address:	6000 Indian Creek Drive, Suite 902		
	Miami Beach, Florida 33140	_	70H
ARTICLE VII	<u>INCORPORATOR</u>		ZOI6 JUL 18 AI SECRETARY OF
The name and a	ddress of the Incorporator is:		<u>€</u>
Name:	Erick Hathorn		-τη Ι Ι ρ∞
Address:	6000 Indian Creek Drive, Suite 902		8: 12 LORID
	Miami Beach, Floridas 33140		
Effective date, it	EFFECTIVE DATE: f other than the date of filing: date is listed, the date must be specific and can iling.)	(OPTIONAL) anot be more than five busines:	s days prior or 90 business
	e inserted in this block does not meet the applical effective date on the Department of State's record		this date will not be listed as
	med as registered agent to accept service of proc am familiar with and accept the officintment as Required Signature/Registered Agent		
document to the	cument and affirm that the facts stated herein a Department of State constitutes a third degree fe		