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WALK IN

PICK UP: 12/28 Glinda **CERTIFIED COPY PHOTOCOPY CUS** XX **FILING** DOMESTICATION **Polaris Business Corporation** (CORPORATE NAME AND DOCUMENT #) SPECIAL **INSTRUCTIONS:**

CERTIFICATE OF DOMESTICATION

Τh	e undersigned, Nadejda Reikonnen, Director	
	(Name)	(Title)
of	Polaris Business Corporation	a foreign corporation,
in a	(Corporation Name) accordance with s. 607.1801, Florida Statutes, does hereby certify:	
1.	The date on which corporation was first formed was December 22	2005
2.	The jurisdiction where the above named corporation was first formed, is came into being was Panama	ncorporated, or otherwise
3.	The name of the corporation immediately prior to the filing of this Certiwas Polaris Business Corporation	ficate of Domestication
4.	The name of the corporation, as set forth in its articles of incorporation, s. 607.0202 and 607.0401 with this certificate is Polaris Business (
5.	The jurisdiction that constituted the seat, siege social, or principal place administration of the corporation, or any other equivalent jurisdiction unimmediately before the filing of the Certificate of Domestication was Panama	
	Attached are Florida articles of incorporation to complete the domestica to s. 607.1801. m Director , of Polaris Business Corporation	ation requirements pursuant
	this the 19 day of December Authorized Signature)	corporation and have done, 2016
		75
	Articles of Incorporation and Certified Copy	\$ 50.00 \$ 78.75 \$128.75

ARTICLES OF INCORPORATION

IN COMPLIANCE WITH CHAPTER 607, F.S.

ARTI	CLE	I	NAME

THE NAME OF THE CORPORATION SHALL BE:

Polaris Business Corporation		
AF:TICLE II PRINCIPAL OFFICE THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS: Principal Address C/O 301 W. Hallandale Beach Blvd.	Mailing Address P.O. Box 290696	
Hallandale Beach, Florida 33009 Davie, Florida 33329		<u>.</u>
AF: TICLE III PURPOSE THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZE Any and all lawful business	ED:	
	0 <u>FC</u> 28	
	# 15 PS 50 80	

ARTICLE IV SHARES
THE NUMBER OF SHARES OF STOCK IS: 10,000

ARTICLE V INITIAL DIRECTORS AND/ OR OFFICERS

THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:

Title/Name P/D Nadejda Reikonnen	Title/Name VP/D Shimon Berlagosky
P.O. Box 290696	P.O. Box 290696
Davie, Florida 33329-0696	Davie, Florida 33329-0696
Title/Name	Title/Name
Title/Name	Title/Name
Title/Name	Title/Name

INITIAL REGISTERED AGENT AND STREET ADDRESS THE NAME AND FLORIDA STREET ADDRESS (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT IS: Rozencwaig & Nadel, LLP

301 W. Hallandale Beach Blvd. Hallandale Beach, FL 33009

ARTICLE VII INCORPORATOR THE NAME AND ADDRESS OF THE INCORPORATOR IS: Leslie Alan Rozencwaig, Esq. 301 W. Hallandale Beach Blvd. Hallandale Beach, FL 33009

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I AM FAMILIAR WITH AND CCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY.

Signature (Registered Agent

Signature/Incorporator