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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 : (614)280-3338
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FLORIDA PROFIT/NON PROFIT CORPORATION
Toy Network, Inc.

Certificate of Status	1
Certified Copy	1
Page Count	03
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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D O'KEEFE
FEB 15 2018

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAMEThe name of the corporation shall be: Toy Network, Inc.**ARTICLE II PRINCIPAL OFFICE**Principal street address701 S. Olive Ave. #1712

Mailing address, if different is:

West Palm Beach, FL 33401**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

to engage in the business of selling products at retail and other lawful purposes**ARTICLE IV SHARES**The number of shares of stock is: 1,000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Bogdan NowakName and Title: President, Treasurer & SecretaryAddress: 701 S. Olive Ave. #1712

Address:

West Palm Beach, FL 33401

Name and Title:

Name and Title:

Address:

Address:

Name and Title:

Name and Title:

Address:

Address:

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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: CT Corporation System

Address: 1200 South Pine Island Road

Plantation, FL 33324

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: James P. Redding, Esq.

Address: Greenberg Traurig, LLP, One International F

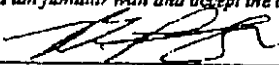
Boston, MA 02110

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 days prior or 90 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*

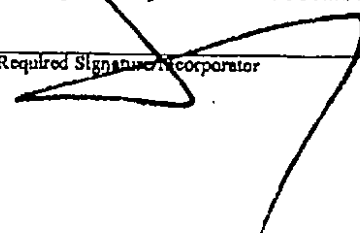


 Brian Smith, Assistant Secretary
 Required Signature/Registered Agent

2/14/2018

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.817.153, F.S.



 Required Signature/Incorporator

14 Feb 18

 Date

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23