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Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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FLORIDA PROFIT/NON PROFIT CORPORATION

Peter Wolk, Inc.

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AUS 2 5 2021

T. SCOTT

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COVER LETTER

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

SUBJECT: Pet	er Wolk, Inc.	ATE NAME – MUST INCL	UDE SUFFIX)
Enclosed are an	original and one (1) copy of the a		
☐ \$70.0 Filing Fo	00 🗖 \$78.75	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate o Status
		ADDITIONAL CO	PY REQUIRED
FROM:		48 - 1	
	800 West Ave., #811	ne (Printed or typed)	
		Address	
	Miami Beach, FL 33139		
	City	y, State & Zip	
	305-401-9399		
	Daytime	Telephone number	
	sholom@bellsouth.net		
	F-mail address: (to be us	sed 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 corporat	Peter Wolk, Inc.			
ARTICLE II PRINC	IPAL OFFICE Principal street address	!	Mailing address, if different is:	
800 West Ave., #811				
Miami Beach, FL 33139)			
ARTICLE III PURPO The purpose for which the	SE ne corporation is organized is:			
Any Lawful Purpose				<u> </u>
			7	2.2
			in an	2
			- N 1 1 2 1 2	24
			٧, ٠,	* 3
			<u>.</u>	<u>جر</u> هِپ
				<u>न</u> त्र
ARTICLE V INITIA Name and Title	L OFFICERS AND/OR DIRECTOR Peter Wolk, Director	S Name and Title:	Peter Wolk, President	
	800 West Ave. #811		800 West Ave., #811	
Address	Miami Beach, FL 33139	Address:	Miami Beach, FL 33139	
Name and Title:	Peter Wolk, Secretary	Name and Title:	Peter Wolk, Treasurer	
Address	800 West Ave., #811	Address:	800 West Ave., #811	
	Miami Beach, FL 33139		Miami Beach, FL 33139	
Name and Title:		Name and Title:		
Address		Address:		

Name and Title:		Name and Title:	
Address		Address:	
ARTICLE VI I	REGISTERED AGENT orida street address (P.O. Box NOT acceptable) of	the registered agent is:	
Name:	Peter Wolk		
Address:	800 West Ave., #811		
	Miami Beach, FL 33139		
ARTICLE VII	INCORPORATOR		
The name and ac	idress of the incorporator is:		
Name:	Courtney L. Scanlon - c/o Hodgson Russ LLP		
Address:	140 Pearl Street, Suite 100		
	Buffalo, NY 14202		
ARTICLE VIII	EFFECTIVE DATE:	(0.000(0.1111)	
Effective date, if (If an effective d filing.)	other than the date of filing: late is listed, the date must be specific and cannot	t be more than five days prior or 90 days after the	
Note: If the date the document's e	inserted in this block does not meet the applicable ffective date on the Department of State's records.	statutory filing requirements, this date will not be listed as	
Having been nat this certificate, I	med as registered agent to accept service of process am familiar with and accept the appointment as reg	for the above stated corporation at the place designated in istered agent and agree to act in this capacity	
Peter By:	Wolk Was Will	08/24/2021	
	Required Signature/Registered Agent	Date	
I submit this do	cument 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 felon	9 as provided for in \$.617.133, Fix. 08/24/2021	
Deni	ured Signature/Incorporator	Date	