

P13000052520

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

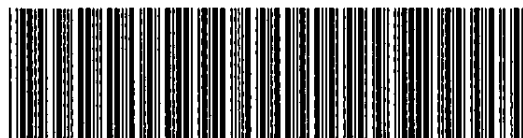
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SUPREME COURT OF FLORIDA
TALLAHASSEE, FLORIDA

13 JUN 17 AM 11:44

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COVER LETTER

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

SUBJECT: **PCS Experts of Melbourne, Inc.**

(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☒ \$70.00 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: **Amar Toma**

Name (Printed or typed)

865 Stephenson Hwy

Address

Troy, MI 48083

City, State & Zip

248-543-9400

Daytime Telephone number

atoma@unitedwetalk.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

The name of the corporation shall be: PCS Experts of Melbourne, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

6729 Colonnade Ave., Ste. 111

Melbourne, FL 32940

Mailing address, if different is:

6729 Colonnade Ave, Ste. 111

Melbourne, FL 32940

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CLERK OF DISTRICT COURT
PALM BEACH COUNTY
FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all lawful business.

ARTICLE IV SHARES 60,000

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Amar Toma, Director

Address: 865 Stephenson Hwy

Troy, MI 48083

Name and Title: Sarmad Shayota, Director

Address: 865 Stephenson Hwy

Troy, MI 48083

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

(cont.)

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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CLERK OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Amar Toma
Address: 6729 Colonnade Ave., Ste. 111
Melbourne, FL 32940

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Amar Toma
Address: 865 Stephenson Hwy
Troy, MI 48083

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

Required Signature/Registered Agent

6-11-13
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.817.155, F.S.

Required Signature/Incorporator

6-11-13
Date