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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

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

Email Address:_____

FOREIGN PROFIT/NONPROFIT CORPORATION

PM Enterprises Inc.

Certificate of Status	0
Certified Copy	1
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MAR 12 2021

M. SOLOMON

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From: James Tanks III

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

2021-03-11 15:44:34 CST

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

PM Enterprises			
(Enter name of c	corporation; must include "INCORPORATED," 'Corp," "Inc," "Co," or "Corp.")	'COMPANY," "CORPORATION,"	
PM Enterprises of	(Figure lac		
		opted for the purpose of transacting business in Florid	<u>—</u> da)
Dalamas			
00/21/2020		(FEI number, if applicable)	
(Date	e of incorporation)	(Date of duration, if other than perpetual)	
6.			
	(Date first transacted business in I (SEE SECTIONS 607.1501 & 607.150	Torida, if prior to registration) 2, F.S., to determine penalty liability)	
	Court, Palm Beach Gardens, Florida 33418		
· ·	(Principa	loffice address)	
	(Current mailing	address, if different)	ZOZI MAR
9 N'nun and atro	et address of Florida registered agent; (P.O.	Box NOT acceptable)	
	C T Corporation System	Box iso1 acceptable)	9 AH
Name:	1200 South Pine Island Road		31.4 31.4 31.4
Office Address:			45
	Plantation,	, Florida	
	(City)	(Zip code)	
Having been nan designated in this further agree to	s application, I hereby accept the appointm	e of process for the above stated corporation at ent as registered agent and agree to act in this of lative to the proper and complete performance my position as registered agent.	capacity. I
•	C T Corporation System	n	
μ	y:	Baker, Asst. Secretary	
1.7		gent's signature)	

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

Page: 4 of 5

11. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: Address: Vice Chairman: David DesRosiers Director: 109 Brookhaven Court Address: Palm Beach Gardens, Florida 33418 Thomas McWilliams Director: 14 Golfview Rd. Address: Palm Beach, Florida 33480 **B. OFFICERS** David DesRosiers President: 109 Brookhaven Court Address: Polm Beach Gardens, Florida 33418 Vice President: Address: _____ Treusurer: NOTE: If necessary, you may attach in addendum to the application listing additional officers and/or directors. Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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. David DesRosiers, President

(Typed or printed name and capacity of person signing application)



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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PM ENTERPRISES INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRD DAY OF MARCH, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202645880

Date: 03-03-21