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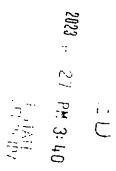
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

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## **COVER LETTER**

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

SUBJECT:	PCB PROPERTY	SERVICES (1 NTE NAME - MUST INCL.	C	
	(PROPOSED CORPORA	NTE NAME – <u>MUST INCL</u>	UDE SUFFIX)	
Enclosed are an orig	ginal and one (1) copy of the art	ticles of incorporation and	i a check for:	
⋈ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy  ADDITIONAL CO	S87.50 Filing Fee, Certified Copy & Certificate of Status  PPY REQUIRED	
FROM:		OOPER e (Printed or typed)		
P 0 Box 14517 Address				
BRADEWTON FZ 34280 City, State & Zip				
	941-195-1 Daytime T	7048 elephone number		

NOTE: Please provide the original and one copy of the articles.

Denacoo ber @ ao/. com
E-mail address: (fo be used for future annual report notification)

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

The name of the corporation shall be: PCB	PROPERTY SERVICES LLC
ARTICLE II PRINCIPAL OFFICE	
Principal street address .	Mailing address, if different is:
5803 21 ST START W BRADENTON, FL 3420	
BRADENTON, FL 3420	<del></del>
ARTICLE III PURPOSE	
The purpose for which the corporation is organized	is: Any and all howful AcTS
ARTICLE IV SHARES	
The number of shares of stock is: / 00	
<u> ARTICLE V - INITIAL OFFICERS AND/OR D</u>	<u>IRECTORS</u>
Name and Title: PETER C	BRUCE P. Name and Title:
Address <u>5803 21 31</u>	<u>ST. W</u> Address:
BRADENTO	N, FL 34207
	<del></del>
	<del></del>
Name and Title:	Name and Title:
Address	Address:
<del></del>	
	•
Name and Title:	Name and Title:
Address	Address: : 5
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	- <u>1.</u> , TO 1.:
-	

Name and T	itle:	Name and Title:	
Address		Address:	
	<del></del>	_	
	GISTERED AGENT da street address (P.O. Box NOT acceptable	Yest the regionary deposit is	
Name:			·
Address:	5803 21 21 STREET U	<del></del> )	
	PETER C BRUCE 5803 212 STREET W BRADENTON, FL 39	<u> </u>	
ARTICLE VII IN			
The <u>name and addr</u>	ess of the Incorporator is:		
Name:	BENA COOPER		
Address:	POBOX 14577		
	BRADENTON, FL 3	4280	
ARTICLE VIII EA Effective date, if oth (If an effective date filing.)	FFECTIVE DATE: ter than the date of filing:	2023 (OPTIO	ONAL) days prior or 90 days after the
	serted in this block does not meet the applica ctive date on the Department of State's recor		rements, this date will not be listed as
Having been named certificate, I am fam	as registered agent to accept service of proces iliar with and accept the appointment as regis	ss for the above stated co stered agent and agree to	poration at the place designated in the act in this capacity
X E	Required Signature/Registered Agent		X 3/20/23
I submit this docum document to the Dep	ent and affirm that the facts stated herein constitutes a third degree fe	are true. I am aware tha lony as provided for in s.	Date  t the false information submitted in 817.155, F.S.
	en a Cooper		3-17-23
Required Signature/	incorporator		Date 123
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			- <del>-</del>