TRANSMITTAL LETTER 10000016114

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 00 FEB -9 PH 3:57
SECKETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: ρ_{ro}	ofessional A	ssets manage corporate name - must include s	ement Group	INC.
Enclosed is an original	+hrce(3) and onc(1) copy of the a	urticles of incorporation and	****105,0	01548 -01102020 0 ****105.00
☐ \$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy + 2625	□ \$87.50	
FROM: _	SHERRY Nan	A. HARRIS	ON	
	314 DF	AK LEAF C	PRCLE	
-	LAKE ,	MARY FL City, State & Zip	32746	
-	407 Daytin	- 32/-4/57 me Telephone number		

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

* Please Pend 4 Certified copies

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

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The name of the corporation shall be:

Professional Assets management Group, INC.

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TALLAHASSEE, FLORIDA

ARTICLE II PR	INCIPAL	OFFICE
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The principal place of business and mailing address of this corporation shall be:

790 Fiesta

SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 1000

INITIAL REGISTERED AGENT AND STREET ADDRESS <u>ARTICLE IV</u>

The name and Florida street address of the initial registered agent are:

SHERRY A. HARRISON 314 DAK LEAF CIRCLE LAKE MARY,

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

SHERRY A. HARRISON 314 OAK LEAF CIRCLE LAKE MARY, FL 32746

Signature/Incorporator

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent

Signature/Régistered Agent