# APITAL CONNECTION, INC. 417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32302 (850) 224 1-800-342-8062 • Fax (8<u>50)</u> 222-1222 PMS Florida 100003225161 -04/26/00--01071--024 \*\*\*\*\*70.00 \*\*\*\*\*70.00 Art of Inc. File Photo LTD Partnership File\_\_\_\_\_ Foreign Corp. File\_\_\_\_ L.C. File\_ Fictitious Name File\_ Trade/Service Mark Merger File Art. of Amend. File RA Resignation\_ Dissolution / Withdrawal\_ Annual Report / Reinstatement Cert. Copy\_ Photo Copy\_ Certificate of Good Standing\_ Certificate of Status\_ Certificate of Fictitious Name\_\_\_\_ Corp Record Search Officer Search Fictitious Search Fictitious Owner Scare Signature Vehicle Sarch Driving Record UCC 1 or 3 File\_ Requested by: LM

Name

Walk-In

Date

Will Pick Up

UCC 11 Search

Courier\_

UCC 11 Retrieval



# FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

April 26, 2000

CAPITAL CONNECTION, INC. 417 E. VIRGINIA ST., STE. 2 TALLAHASSEE, FL 32302

SUBJECT: PMS FLORIDA, INC. Ref. Number: W00000010993

We have received your document for PMS FLORIDA, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

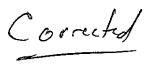
### Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6927.

Tracy Smith Document Specialist

Letter Number: 400A00022928



# ARTICLES OF INCORPORATION

# **OF**

# Alpha PMS, Inc.

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

## ARTICLE I: NAME

The name of the corporation is Alpha PMS, Inc.

OO APR 27 PM 3: 55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

## ARTICLE II: PRINCIPAL OFFICE

The principal place of business and mailing address of the corporation is P.O. Box 4275, Key West, FL 33041-4275.

### ARTICLE III: CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is one-hundred (100) shares having a par value of one dollar (\$1.00) per share.

#### ARTICLE IV: INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is Albert Kelley, 926 Truman Ave., Key West, FL 33040.

#### ARTICLE V: INCORPORATOR

The name and address of the incorporator of these Articles of Incorporation is Capital Connection, Inc., 417 E. Virginia St., Suite 1, Tallahassee, FL 32301.

### ARTICLE VI: INITIAL BOARD OF DIRECTORS

The name and address of the initial Board of Directors of the corporation is President, Miroslaw Trzaskowski, 2615 Staples Ave., Key West, FL 33040.

#### ARTICLE VII: SPECIAL PROVISIONS

It is the intent of the incorporator and directors that the corporation qualify under Section 1244 of the Internal Revenue Code and that the corporation file as a Sub S Corporation. Such actions as are necessary will be taken by the appropriate officers to accomplish this compliance.

The undersigned has executed these Articles of Incorporation this 26th day of April 2000.

"Capital Connection, Inc. by, Lance L. McGee, Client Representative"

Lance L. Mor

# CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Fursuant to the provisions of section 607.0501, Florida Statutes, the mentioned corporation, organized under the laws of the state of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

						-0-0-1	-		
2. Th	e name	and stre	et add:	ress of	f the	registe	ered agen	t and offi	lce
is:	926	t L. K. Truman Wist	Ave FC	2304	( <sub>1</sub> )				

HAVE 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.

FILED

00 APR 27 PM 3: 55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA