POUDOODO 72453

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

Enclosed

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SUBJECT: PCM & A SSOCIATES INC.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

ed is an origir	nal and one(1) copy of the artic	les of incorporation and a	check for:		
\$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED		
FROM: Nelson D		La Rosa rinted or typed) . S 195 Address	ALLA SSEE	00 JUL 27 MM	FILED
	Tampa, FL City,	33623 State & Zip	FLORIDA		
	813-805-7-	725			

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

Daytime Telephone number

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:	
PCM & Associates, Inc.	
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: P.O. Box 25195 Tampa FL 33623 ARTICLE III PURPOSE The purpose for which the corporation is organized is:	FILED 00 JUL 27 AM 8: 44 SELVATIANS SEE, FLORIDA
Service: Marketing	8: 44 3:14:15 14:18
ARTICLE IV SHARES The number of shares of stock is:	
1,000 Common shares	
ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s) and address(es):	
ARTICLE VI REGISTERED ACENT The name and Florida street address of the registered agent is:	
Nelson De La Rosa	
5000 Culbreathkey, Unit # 9-319 Tampa, FL 33611	
ARTICLE VII INCORPORATOR	
The name and address of the Incorporator is:	
Nelson De La Rosa	
5000 Culbreath key, Unit # 9-319	
Tampa, FL 33611	folds A.A. I. I. G.
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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

Melsen Daharcser

Signature/Registered Agent

Melsen Da Large T-01-00

Signature/Incorporator

Date