

PO2 0000-62810  
TRANSMITTAL LETTER

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

600005694336--2  
-06/06/02--01044--002  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT: PYLM, CORPORATION  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate of Status

☒ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

ADDITIONAL COPY REQUIRED

FROM: Rosa E. Olin Saunders  
Name (Printed or typed)

C/O 942 NE 62nd Street  
Address

Ft. Lauderdale, Florida 33334  
City, State & Zip

954.491.8775  
Daytime Telephone number

02 JUN -6 PM 2:29

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

F. CHESSEB JUN 6

# 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:

PYLM, CORPORATION

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

C/O 942 NE 62nd Street  
Ft. Lauderdale, FLorida 33334

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Import & Export

## ARTICLE IV SHARES

The number of shares of stock is:

## ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

President: Rosa E. Olin Saunders  
Address: C/O 942 NE 62nd Street, Ft. Lauderdale, Fl 33334  
Vice-President: Rosa E. Olin Saunders  
Address: C/O 942 NE 62nd Street, Ft. Lauderdale, Fl 33334

## ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

GRACE SOLANO 942 NE 62nd Street, Ft. Lauderdale, Fl 33334

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Rosa E. Olin Saunders - C/O 942 NE 62nd Street, Ft. Lauderdale,  
Fl 33334

\*\*\*\*\*  
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

\_\_\_\_\_

\_\_\_\_\_

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
02 JUN -6 PM 2:29