

TRANSMITTAL LETTER

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

SUBJECT: Professional Construction Methods Inc.

Enclosures are an original (one) copy of the articles of incorporation and a check for \$

\$0.00 Filing Fee

\$78.75 Filing Fee & Certificate of Status

600008283886--7  
-10/09/02--01036--008  
\*\*\*\*\*87.50 \*\*\*\*\*87.50

☐ \$78.75

Filing Fee  
& Certified Copy

☒ \$87.50

Filing Fee,  
Certified Copy  
& Certificate of  
Status

ADDITIONAL COPY REQUIRED

FROM:

Mark A. Orr

303 Fox Valley Dr.

Longwood, Fl. 32779

Daytime Telephone 407-772-2336

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

02 OCT 18 AM 9:49  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

FILED

407-283972  
Paul II  
10/21



FLORIDA DEPARTMENT OF STATE

Jim Smith  
Secretary of State

October 10, 2002

MARK A. ORR  
303 FOX VALLEY DR.  
LONGWOOD, FL 32779

SUBJECT: PROFESSIONAL CONSTRUCTION METHODS INC.  
Ref. Number: W02000029372

We have received your document for PROFESSIONAL CONSTRUCTION METHODS INC.. However, the document has not been filed and is being returned for the following:

PLEASE COMPLETE ARTICLE II. — *REVISED AS REQUESTED.*

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) 245-6934.

Loria Poole  
Corporate Specialist  
New Filings Section

Letter Number: 502A00056749

**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: **Professional Construction Methods Inc.**

**ARTICLE II**

PRINCIPAL OFFICE

The principal place of business/mailling address is: **3859 Wekiva Springs Rd.  
Longwood, Florida 32779**

**ARTICLE III**

PURPOSE

The purpose for which the corporation is organized is: **the transaction of any or all lawful business for which corporations may be incorporated under the Florida Corporation Act.**

**ARTICLE IV**

SHARES

The number of shares of stock is: 10,000 shares having a par value of one dollar (\$1.00) per share.

**ARTICLE V**

**INITIAL OFFICERS/DIRECTORS optional** The name(s), address(es) and title(s):

**ARTICLE VI REGISTERED AGENT**

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

**Mark A. Orr  
303 Fox Valley Dr.  
Longwood, Florida 32779**

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

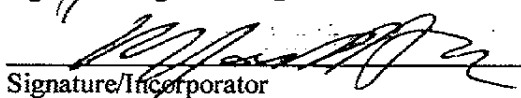
**Mark A. Orr  
303 Fox Valley Dr.  
Longwood, Florida 32779**

\*\*\*\*\*

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

  
Signature/Registered Agent

10.15.02  
Date

  
Signature/Incorporator

10.15.02  
Date

**FILED**  
02 OCT 18 AM 9:49  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA