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## TRANSMITTAL LETTER

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

SUBJECT:			rPoration	
Enclosed are an ori	(PROPOSED CORPORA) ginal and one (1) copy of the arti			
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	S87.50 Filing Fee, Certified Copy & Certificate of Status DPY REQUIRED	
FROM:	Michael Lowen Name	(Printed or typed)		
	612 NE 29 Drive	#5 Address		
	Wilton Manors City, 954.530.76	•	· · · · · · · · · · · · · · · · · · ·	
Daytime Telephone number				

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

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)		
ARTICLE I NAME The name of the corporation shall be:	·	
PETRVS MANAGEMENT COFPORATION	)	
ARTICLE II PRINCIPAL OFFICE  The principal place of business/mailing address is:	a a company and a company	
612 NE 29 Drive # 5 Wilton Manoos	FL 33334	
ARTICLE III PURPOSE  The purpose for which the corporation is organized is:	÷	
Bodeephy Services	03 JI SECI FALL/	
ARTICLE IV SHARES The number of shares of stock is:	FILED  03 JAN 14 AM 9:37  SECRETARY OF STATE OPIN	
ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s), address(es) and title(s):	D 19:37	
Michael Lower, President		
ARTICLE VI REGISTERED AGENT	e e e e e e e e e e e e e e e e e e e	
The <u>name and Florida street address</u> of the registered agent is:		
Michael Lower 612 NE 29 Drive #5	Wilton Manoos FC 33331	
ARTICLE VII INCORPORATOR  The name and address of the Incorporator is:  Michael Lower	e e e e	
Wilton MANOS FL 33334		
**************************************	rporation at the place designated in this	
certificate, I am familiar with and accept the appointment as registered agent and agree to a	act in this capacity	
marlle M.	1-8-2003	
Signature/Registered Agent	Date	
Mafel Row	1-8-2003	
Signature/Incorporator	Date	

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2