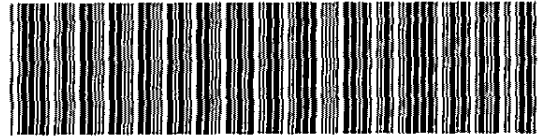


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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DIVISION
04 AUG 24 PM 2:56

OB 8/35

TRANSMITTAL LETTER

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

SUBJECT: PMB Insurance Corporation, Inc.
(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: Phillip Marc Babbitt
Name (Printed or typed)

3447 Palm Court
Address

Teguesta, FL 33469
City, State & Zip

(772) 871-1135
Daytime Telephone number

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 AUG 24 PM 2:56

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or 621, F.S. (Profit)

ARTICLE I NAME

PMB Insurance Corporation, Inc.

ARTICLE II PRINCIPAL OFFICE

489 SW Port St Lucie Blvd.

Port St. Lucie, FL 34953

ARTICLE III PURPOSE

Property and Casualty Insurance Sales and Service

ARTICLE IV SHARES

1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Phillip Marc Babbitt Owner/Agent

3447 Palm Court

Tequesta, FL 33469

ARTICLE VI REGISTERED AGENT

Phillip Marc Babbitt

3447 Palm Court

Tequesta, FL 33469

ARTICLE VII INCORPORATOR

Phillip Marc Babbitt

3447 Palm Court

Tequesta, FL 33469

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

8-23-04

Date



Signature/Incorporator

8-23-04

Date