(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Business Entity Name)
(Document Number)
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Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314	
SUBJECT: PCCA, I	- - - - - - - - - - - - - -
Enclosed are an original and one (1) copy of the articl \$70.00 \$78.75 Filing Fee & Certificate of Status	les of incorporation and a check for: X \$78.75 String Fee, & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED
FROM: <u>Anthony Cascro</u> Name (Printed or typed) <u>SSI S. Cypress Rd. Suffe # 305</u> <u>Address</u> <u>Pompeno Beach, Fl., 33060</u> City, State & Zip	

TRANSMITTAL LETTER

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

## **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:

PCCA, The

ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 251 S. Cypress Rd - Suffer #305

351 Pompano Beach, 72 33060 <u>ARTICLÉ III</u> PURPOSE

The purpose for which the corporation is organized is:

Real Estate POFIT

**ARTICLE IV** SHARES The number of shares of stock is:

500

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS** List name(s), address(es) and specific title(s):

## ARTICLE VI \_\_\_\_ REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

10Th Rd. Suite #305 CUI 108 33060 Beach M. INCORPORAT Jano

The name and address of the Incorporator is:

Vonu 255 Rd-Suffet305 しんにすめ 

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

e/Incorporator