

705000044350

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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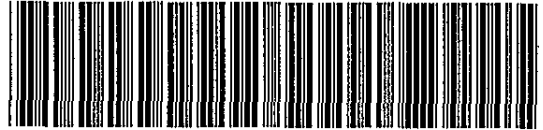
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CLERK OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: PCMC CONNECTION'S CORP.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is 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: MARCO A. CAMACHO
Name (Printed or typed)

400 Alameda Dr
Address

Palm Springs FL 33461
City, State & Zip

(561) 577-9180
Daytime Telephone number

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DEPT. OF STATE
TALLAHASSEE, FLORIDA

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:

~~PCMC CONNECTION'S CORP.~~ PCMC CONNECTION'S CORP.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

400 Alemeda Dr.
Palm Springs, Fl. 33461

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Computer Consultant.

ARTICLE IV SHARES

The number of shares of stock is:

500 SHARES OF ONE

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

MARCO A. CAMACHO - President- 100 shares owner
400 Alemeda Dr.
Palm Springs, Fl. 33461

ARTICLE VI REGISTERED AGENT

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

MARCO A. CAMACHO -President-
400 Alemeda Dr.
Palm Springs Fl. 33461

ARTICLE VII INCORPORATOR

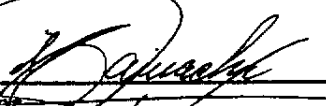
The name and address of the Incorporator is:

Marco A. Camacho
400 Alemeda Dr.
Palm Springs, Fl. 33461

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

03-09-05
Date


Signature/Incorporator

03-10-05
Date

CLERK OF STATE
TALLAHASSEE, FLORIDA

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