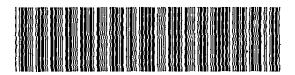
## 705000105250

(Re	equestor's Name)	
(Ac	idress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Nar	me)
Ос	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	<u></u> -

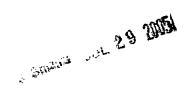
Office Use Only



700057273457

07/28/05--01038--005 \*\*78.75





## ARTICLES OF INCORPORATION

of

	P.m.	c v	STEMS	i	NC.				
	3 - 111 / 2				oration)		····		
The undersigned sur corporation under the				ation, ne	tural person(s)	competent	to contract, hereb	y form a	
The name of the cor	poration is:	A	IRTICLE I - C	ORPO.	RATION NAM	Œ			
	P.m.	<u> </u>	(STEM	2	INC.		<del></del>	~	
			ARTICLI	E II - D	URATION	*	\$		
This corporation sha	ill exist perpet	vally unle	ss dissolved ac	cording:	to Florida law.				
			ARTICL	E III - I	PURPOSE			05	<b>.</b>
The corporation is o States and the State		e purpose	of engaging in	any acti	vities or busine	ss permitte	d under the laws	of the Unit	ed
			ARTICLE IV	- CAP	ITAL STOCK				
The corporation is a Dollar(s) (\$			lue Common S	tock, wh	shares ( /	(600) of signated "C	ONE ommon Shares".	<u> </u>	. <u>Z</u>
	AŔŦ	ICLE V -	- INITIAL RE	GISTER	ED OFFICE	AND AGE	ENT	· n	آبرا
The street address of	the Initial Re	gistered A	igent office and	the nan	ne of the Initial	Registered	Agent at that office	ce is:	
NAME	ROBER	7.	MIME	111					
ADDRESS	3695	3.	MILITA	ay	TRAIL	STE	5		
CITY	LAKE	We	RTH	F	ORIDA		ZIP 33443	-2108	
The principal office,	if known, or t	he mailin <sub>i</sub>	g address of the	corpora	tion is:				
NAME	ROBER.	τ	wyma	1/1					
ADDRESS	3095	5.	MILITA	<u> </u>	TRAL	STE	5	<del></del>	
CDY	LAKE	WOY	ररम	FL	ORIDA		ZIP 33463-	2108	

NAME S ADDRESS S CITY NAME ADDRESS	CT98 LAKE HNOW 4798	LAKE	iorden Nena	PLACE STATE PLACE	FLORIDA	ZIP 334
ADDRESS CITY  NAME ADDRESS CITY  NAME ADDRESS	6798 6798	ruke Mobli ruke	Nona H Gorden	STATE	FLORIDA	ZIP 334
NAME ADDRESS CITY NAME ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS	LAKE HNOY	ruke Morti	H GORDEN	STATE	FLORIDA	ZIP 334
NAME ADDRESS CITY NAME ADDRESS	4798	ru ke siene	GORDEN		FLORIDA	ZIP 334
ADDRESS CITY NAME ADDRESS	4798	<b>LUKE</b>		PLACE		
CTTY NAME ADDRESS			MONA	PLACE		
NAME ADDRESS	FUKE	WORTH			<del></del>	
ADDRESS				STATE	FLORIDA	ZIP 335
ADDRESS					\	
CITY					Aug.	
<del></del>				STATE		ZIP
NAME	ROBE		iman	<del></del>	······································	<del></del>
ADDRESS	3095	<u>s. m</u>	LITARY	TRAIL	<del></del>	<del></del>
CITY	LAKE	TEROW 3	<del>V</del>	STATE	FLORIDA	ZIP 334
NAME				<del></del>		
NAME ADDRESS						
				STATE		ZIP
ADDRESS				STATE		
ADDRESS CITY				STATE		

## CERTIFICATE AND ACKNOWLEDGMENT OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT
OF

P.M. SYSTEMS INC.	
(name of corporation)	
Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:	
The above corporation, desiring to organize under the laws of the State of Florida with	
its registered office as indicated in the Articles of Incorporation	
M KENDREW GORDEN	
/ MOD I THE LAND DINGS	
2798 LAKE NONA PLACE	•
has named LAKE WORTH, FL 33463	_
located at the aforesaid address, as its Registered Agent to accept service of process within	ı
this state.	<u>jäg</u>
ACKNOWLEDGMENT &	ર્જે. અ-
Having been named as Registered Agent to accept service of process for the above stated	<b>-</b> . <del>-</del> .
corporation at the place designated in this certificate, and being familiar with the obliga-	
tions of that position, I hereby accept to act in this capacity, and agree to comply with the	
provisions of Florida Law in keeping open said office.	