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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05 OCT 17 PM 2:05

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10/19

COVER LETTER

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

SUBJECT: PMCME 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: Orlando Ernesto Arias
Name (Printed or typed)

524 NW 57th Ave.
Address

Miami, FL 33126
City, State & Zip

786-246-0639
Daytime Telephone number

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:

PMCME Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

524 NW 57th Ave.

Miami, FL 33126

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any and all legal business.

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Orlando E. Arias (PST)

524 NW 57th Ave.

Miami, FL 33126

ARTICLE VI REGISTERED AGENT

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

Orlando E. Arias

524 NW 57th Ave.

Miami, FL 33126

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Orlando E. Arias

524 NW 57th Ave.

Miami, FL 33126

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

Signature/Incorporator

FILED
05 OCT 17 PM 2:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10/07/2005
Date

10/07/2005
Date