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(Requestor's Name)				
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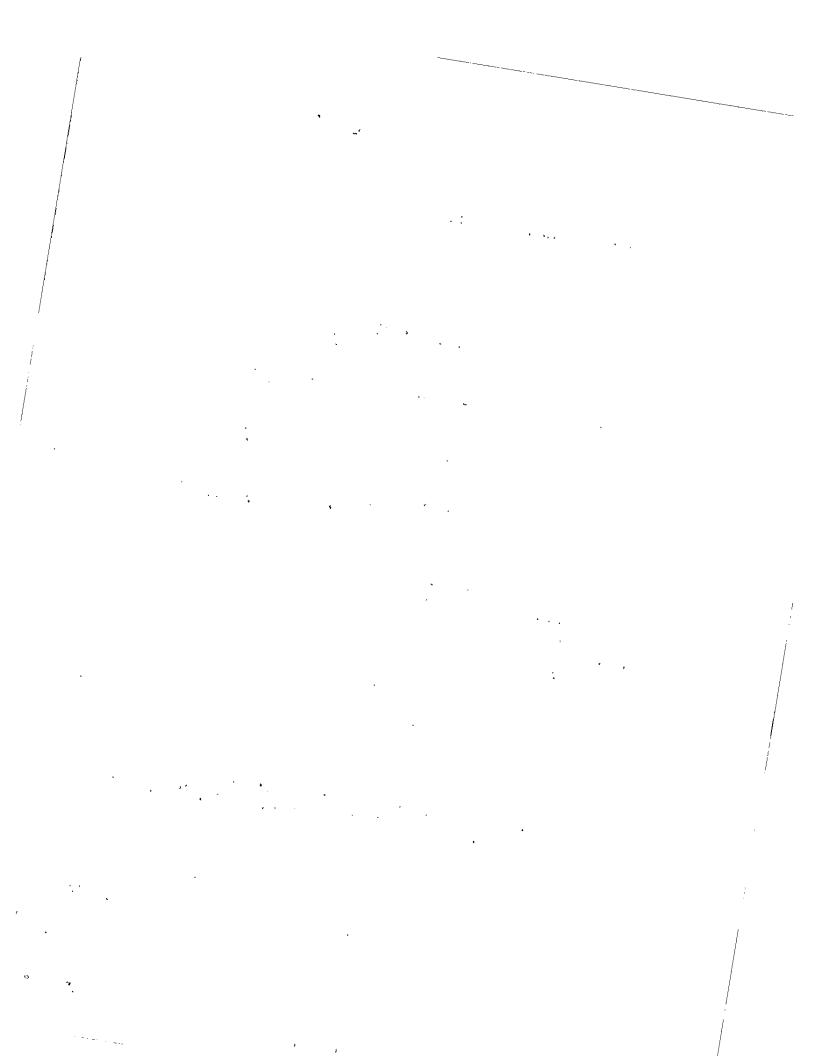


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SECRETARY OF STATE
TALLAHASSEE, FI ORIGA

VH



### 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:

## PYRAMID ADMINISTRATION SERVICES, INC.

# 08 FEB 13 PH 4:55 TALLAHASSEE. FLORE

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 12265 SW 105 LANE

Miami Rc 33/86

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is: PROFESSIONAL CORPORATION

### ARTICLE IV SHARES

The number of shares of stock is:

100

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

MICHELLE M DIAZ 12265 SW 105 LANE MIAMI, FL 33186 305-389-2004 The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

MICHELLE M DIAZ
12265 SW 105 LANE
MIAMI, FL 33186

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

MICHELLE DIAZ
12265 SW 105 LANE
MICHELLE DIAZ
12265 SW 105 LANE
MICHELLE DIAZ
12266 SW 105 LANE
MIAMI, FL. 33186

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

Date

Date

Signature/Incorporator

DEFEB 13 PM 4:55
SECRETARY OF STATE



### FLORIDA DEPARTMENT OF STATE Division of Corporations

February 1, 2008

MICHELLE M DIAZ 12265 SW 105 LANE MIAMI, FL 33186

SUBJECT: PYRAMID ADMINISTRATION SERVICES, INC.

Ref. Number: W08000005658

We have received your document for PYRAMID ADMINISTRATION SERVICES, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must list at least one incorporator with a complete business street address.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6962.

Letter Number: 408A00006990

Valerie Herring Regulatory Specialist II New Filing Section

Division of Cornerations - P.O. BOX 6327 - Tallahassee Florida 3231/

### **COVER LETTER**

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

Tananassee, FL 32314			
SUBJECT: True Wors	shippers School of Prop (PROPOSED CORPORATI	hets, Inc. E NAME – <u>MUST INCLU</u>	DE SUFFIX)
Enclosed is an original a	nd one(1) copy of the Articl	es of Incorporation and a	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
·		ADDITIONAL CO	PY REQUIRED
FROM:	Diana Darnley Name (Prin	ited or typed)	-
	4504 Scenic Lake Drive Address		
Orlando, FL 32808  City, State & Zip			
	(407) 394-5764		

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

Daytime Telephone number