

P08000032493

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. Burch MAR 28 2008

**COVER LETTER**

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

**SUBJECT:** PBM MECHANICAL 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:** MICHAEL D. FLEMMING SR.

Name (Printed or typed)

4935 LAME PANTHER LANE

Address

LOXAHATCHEE, FL 33470

City, State & Zip

561-436-4451

Daytime Telephone number

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

PBM MECHANICAL INC

ATX1

# 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:

PBM MECHANICAL INC

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

4935 LAME PANTHER LANE

LOXAHATCHEE, FL 33470

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

## ARTICLE IV SHARES

The number of shares of stock is:

THE CORPORATION IS AUTHORIZED TO ISSUE 1000 SHARES OF \$1.00 PAR VALUE STOCK.

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

MICHAEL D. FLEMMING SR. - PRESIDENT

4935 LAME PANTHER LANE

LOXAHATCHEE, FL 33470

## ARTICLE VI REGISTERED AGENT

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

MICHAEL D. FLEMMING SR.

4935 LAME PANTHER LANE

LOXAHATCHEE, FL 33470

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

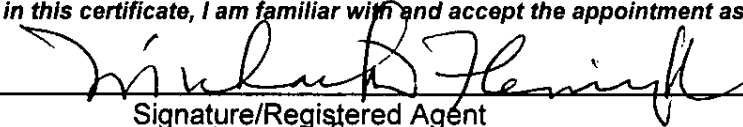
MICHAEL D. FLEMMING SR.

4935 LAME PANTHER LANE

LOXAHATCHEE, FL 33470

\*\*\*\*\*

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

\_\_\_\_\_  
Date

  
Signature/Incorporator

\_\_\_\_\_  
Date

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2008 MAR 28 PM 4:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA