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SECRETARY OF STATE

9 JUL 27 PH 1:4



# **COVER LETTER**

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

SUBJECT:	PCM3 Corpor	OLION TE NAME – <u>MUST INCL</u>	
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the arti	cles of incorporation and	a check for:
\$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL CO	TI KĘQUIKED
FROM:	Patricia J. (	Cohen (Printed or typed)	
	521 N.W. 16th	Avenue	······
	Ft. Laucierdale,	Address  Pla. 33311 State & Zip	
	954 770-1	999	
	Daytime 1	elephone number	
	E-mail address: (to be used	for future annual report r	notification)

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)

09 JUL 27 PM 1:41

# ARTICLE I NAME

The name of the corporation shall be:

SECRETARY OF STATE TALLAHASSEE, FLORIDA

PCM3 Corporation

#### ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

521 N.W. 16th Avenue Ft. Lauderdale, Fla. 33311

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Cleaning Company

# ARTICLE IV SHARES

The number of shares of stock is: [

ARTICLE	v	ΙΝΤΤΙΑΙ.	OFFICERS	AND/OR	<b>DIRECTORS</b>
WY TICHE	v	TIAT I TUTT	OFFICERS	WAT/OW	DIVECTONS

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

Patricia J. Cohen President - 33/2 Christopher Cohen V. President - 33/2 Melissa Cohen Secretary, Treasurer - 33 EGISTERED AGENT

#### ARTICLE VI REGISTERED AGENT

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

Patricia J. Cohen 521 N.W. 16th Avenue Ft. Lauderdale, Fla. 32311

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Patricia J. Cohen 521 N.W. 16th Avenue Ft. Lauderdale, Fla. 33311

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

Detricia Cohen	
Signature/Registered Agent	Date
Fatricia Collen	
Signature/Incorporator	Date