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Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 617-6381

From: Account Name : CSH SERVICES, LLC  
Account Number : 120070000160  
Phone : (800) 494-3124  
Fax Number : (561) 455-9885

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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RECEIVED

FLORIDA PROFIT/NON PROFIT CORPORATION

A & PSM CORP

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**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:

A & PSM CORP

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

8530 SW 43RD TERRACE  
MIAMI, FLORIDA 33155-4123

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is to engage in any activity or business permitted under the laws of the State of Florida.

**ARTICLE IV SHARES**

The number of shares of stock is:

100 COMMON SHARES PAR VALUE \$1.00

**ARTICLE V INITIAL OFFICERS / DIRECTORS (optional)**

The name(s), address(es), and title(s) of the directors and officers is/are:

PRESIDENT  
ABEL FERNANDEZ-RUBIO  
8530 SW 43RD TERRACE  
MIAMI, FLORIDA 33155-4123

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7-09000200958-3

PAGE 2 A & PSM CORP

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address of the registered agent is:

ABEL FERNANDEZ-RUBIO  
8530 SW 43RD TERRACE  
MIAMI, FLORIDA 33155-4123

**ARTICLE VII INCORPORATOR**

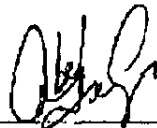
The name and Florida street address of the incorporator is:

ABEL FERNANDEZ-RUBIO  
8530 SW 43RD TERRACE  
MIAMI, FLORIDA 33155-4123

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TALLAHASSEE, FLORIDA

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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.



\_\_\_\_\_  
ABEL FERNANDEZ-RUBIO / Registered Agent

09/14/2009  
Date



\_\_\_\_\_  
ABEL FERNANDEZ-RUBIO / Incorporator

09/14/2009  
Date

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