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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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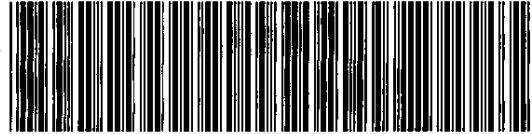
(Business Entity Name)

(Document Number)

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2010 JUN - 7 PM 3:25  
DIVISION OF CORPORATIONS  
DEPT. OF STATE

6/10/10

## COVER LETTER

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

**SUBJECT:** PIS Management Services, 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status

**ADDITIONAL COPY REQUIRED**

**FROM:** Caroline Bielas

Name (Printed or typed)

522 N. Main St., Ste. 100

Address

Milford, MI 48381

City, State & Zip

248-684-2400

Daytime Telephone number

cbielas@sierragrouponline.com

E-mail address: (to be used for future annual report notification)

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

2010 JUN -7 PM 3:25  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL 32314

# ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

## ARTICLE I NAME

The name of the corporation shall be:

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*PIS Management Services, Inc.*

## ARTICLE II PRINCIPAL OFFICE

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

*19329 Sabal Lake Dr.  
Boca Raton, FL 33434*

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

*Any lawful purpose for which a corporation may be  
organized under the laws of the State of Florida.*

## ARTICLE IV SHARES

The number of shares of stock is: *1,000 (one thousand)*

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

*Karen Grossman, Director  
19329 Sabal Lake Dr.  
Boca Raton, FL 33434*

## ARTICLE VI REGISTERED AGENT

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

*Karen Grossman  
19329 Sabal Lake Dr.  
Boca Raton, FL 33434*

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

*Karen Grossman  
19329 Sabal Lake Dr.  
Boca Raton, FL 33434*

\*\*\*\*\*

*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*

*Karen Grossman*  
\_\_\_\_\_  
Signature/Registered Agent / Incorporator

*6/2/10*  
\_\_\_\_\_  
Date