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**FLORIDA PROFIT/NON PROFIT CORPORATION  
PM SOLUTIONS1979 INC.**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

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**H10000207499**  
**ARTICLES OF INCORPORATION**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The undersigned Incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

**ARTICLE I - NAME**

The name of the corporation shall be:

PM SOLUTIONS1979 INC.

**ARTICLE II - PRINCIPAL OFFICE**

The principal place of business and mailing of this corporation shall be:

Principal: 11010 NW 30<sup>th</sup> ST STE 104  
MIAMI, FL, 33172-5032

Mailing: CCS 6795 SUITE 811  
PO BOX 025323, MIAMI, FL 33102-5323

**ARTICLE III - SHARES**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

**ARTICLES IV - INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and address of the initial registered agent is:

GUSTAVO RUIZ

11010 NW 30<sup>th</sup> ST STE 104  
MIAMI, FL, 33172-5032  
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**H10000207499**  
**ARTICLE V - INCORPORATOR**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The name and address of the incorporator to these Articles of Incorporation is:

GUSTAVO RUIZ

11010 NW 30<sup>th</sup> ST STE 104, MIAMI, FL, 33172

The undersigned incorporator has executed these Articles of Incorporation this

5032

20 day of SEPTEMBER 2010

  
Signature

**ARTICLE VI - DIRECTOR(S)**

The name(s) and street address (es) of the director(s) to these Articles of Incorporation is (are):

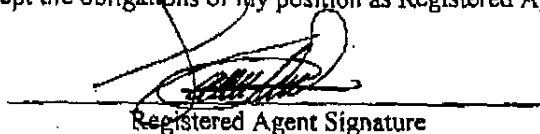
GUSTAVO RUIZ PRESIDENT

GERMAN RUIZ VICE-PRESIDENT

VICTORIA RUIZ ADMINISTRATIVE  
DIRECTOR

**CERTIFICATE OF DESIGNATION OF REGISTERED AGENT**  
**/REGISTERED OFFICE**

Having been named as Registered Agent and to accept service of process for the above stated corporation at place designated in this certificate, I hereby accept the appointment as Registered Agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

  
Registered Agent Signature

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