P11000040884

(Requestor	s Name)
(Address)	
. (Address)	
(City/State/	Zip/Phone #)
PICK-UP	WAIT MAIL
(Business E	Entity Name)
(Document	Number)
Certified Copies Co	ertificates of Status
Special Instructions to Filing Officer:	
6	

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COVER LETTER

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

SUBJECT: PPAJ INC	/ . TE NAME – <u>MUST INCLUDE SUFFIX</u>)	
(PROPOSED CORPORA	TE NAME – <u>MUST INCLUDE SUFFIX</u>)	
Enclosed are an original and one (1) copy of the arti-	cles of incorporation and a check for:	
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy & Certificate of Status	
	ADDITIONAL COPY REQUIRED	
FROM: PATRICE R KAWIS Name	(Printed or typed)	
193 Beach Au		
193 Beach Av Address		
Atlantic Beach	F/ 32233 State & Zin	
Chy,	Sinc & Zip	
904 910 8524 Daytime To		
Daytime To	elephone number	
Pat Kansle Gr	11/2/- COM	
E-mail address: (to be used for future annual report 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)

ARTICLE I NAME The name of the corporation shall be: PDAJ IN	<u> </u>
ARTICLE II PRINCIPAL OFFICE	
193 Principal street address ATIONFIC 135ACH PL. 32233	Mailing address, if different is:
ARTICLE III PURPOSE The purpose for which the corporation is organized is: DO LAWW BUSINESS IN THE STATE OF FLOADIA	
ARTICLE IV SHARES The number of shares of stock is: 100	
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS	
Name and Title: Penny Kamesh - Pres Nam Address: 193 Beach Av Add Atlantic Roach Florida 32233	e and Title:
Name and Title: TARED KAMISK-VKE RES Nam Address: 193 BEACL-AU Add Atlantic Beach Florida 32233	e and Title:
Name and Title: PATRICK KAMISH Sec Nam Address: 183 Bench Av Add Atlantic Bench Florida 32735	e and Title:
ARTICLE VI REGISTERED AGENT	•
The name and Florida street address (P.O. Box NOT acceptable) of the reg Name: Address: 173	istered agent is:
ARTICLE VII INCORPORATOR	
The name and address of the Incorporator is: Name: ATTCICK KAINIS! Address: 193 Bench By Affinitic Bench 32233	FI ORIDE
Having been named as registered agent to accept service of process for the this certificate, I am familiar with and accept the appointment as registered Required Signature/Registered Agent	agent and agree to act in this capacity
Required Signature/Registered Agent I submit this document and affirm that the facts stated herein are true. I document to the Department of State constitutes a third degree felony as pro-	am aware that the false information submitted in a
Required Signature/Incorporator	<u>4/7/11</u>