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Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6381

From:

Account Name : EMPIRE CORPORATE KIT COMPANY Account Number : 072450003255

Phone : (305)634-3694 Fax Number : (305)633-9696

**Enter the email address for this business entity to be used for futur annual report mailings. Enter only one email address please.

Email Address:

FLORIDA PROFIT/NON PROFIT CORPORATION PALM BEACH PICKERS, INC.

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8/31/2011

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EMPIRE CORP KIT

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

ARTICLE I The name of the o	NAME PALM BEACH PICKE prportation shall be:	RS, INC.			
ARTICLE II	PRINCIPAL OFFICE				
Principal street address		Mailing a	Mailing address, if different is:		
	821 OMAR ROAD	SAME			
1	WEST PALM BEACH, FL 33405				
ADMINI DITT	nym no ca				
ARTICLE III					
THE DILL DOZE TOLA	which the corporation is organized is: LL LAWFUL BUSINESS				
ANT AND A	LE LAWY OF BOOKEOG				
ARTICLE IV					
ine number of sna	ires of stock is: 100 @ \$1.00 PAR VALU	-			
ARTICLE V	INITIAL OFFICERS AND/OR DIRECTO	RS			
Name and T	itle:P/VP/D	Name and Title:			
Address:	ANDREW O'BRIEN				
	821 OMAR RD				
	WEST PALM BEACH, FL 33405				
Name and T					
Address:		Address:			
	821 OMAR RD WEST PALM BEACH, FL 33405		75°		
	YVES I PALIVI BEACH, FL 33405				
Name and Title:		Name and Title:			
Address:		_ Address:	material . The		
			70.72		
			ii)-ε ω _{[red}		
.=			斯 拉克		
	REGISTERED AGENT	A			
Name:	rida street address (P.O. Box NOT acceptable)	of the registered agent is:			
Name: Address:	ANDREW O'BRIEN		9.		
Address.	821 OMAR RD WEST PALM BEACH, FL 33405	_	25		
	WEST PAIN BEACH, FL 33403	<u> </u>	34° O1		
ARTICLE VII	INCORPORATOR				
	ress of the Incorporator is:				
Name:	ANDREW O'BRIEN	<u></u>			
Address:	821 OMAR RD	_			
	WEST PALM BEACH, FL 33405	_			
Havine been name	ed as registered agent to accept service of proce	ss for the above stated corpor	ration at the place designated in		
this certificate, I an	n familiar with and accept the appointment as re	gistered agent and agree to uc	et in this capacity		
-	10 a 0 ax 1.				
			08/31/2011		
	- Christian Action		Date		
	AMIDIERED AUENT				
I submit this docu	ment and affirm that the facts stated herein ar	e true. I am uware that the j	false information submitted in a		
document to the Di	epartment of State constitutes a third degres felor	ny as provided for in 5.817.15:	5, F.S.		
	\				
of Chris	04.		08/31/2011		
	Required Signature/Incorporator		Date		

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