



COVER LETTER

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

SUBJECT: P.E.B.D. 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 Filing Fee  
 \$78.75 Filing Fee & Certificate of Status

\$78.75 Filing Fee & Certified Copy  
 \$87.50 Filing Fee, Certified Copy & Certificate of Status  
**ADDITIONAL COPY REQUIRED**

FROM: Emerg Eugene Exum  
Name (Printed or typed)

7299 Charles Place  
Address

Bonksville, Florida 34601  
City, State & Zip

352-423-2521  
Daytime Telephone number

e36pefree@yahoo.com  
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11 NOV 15 AM 4:41

FILED

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)

FILED

**ARTICLE I NAME**

The name of the corporation shall be:

P. E. B. O. INC

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**ARTICLE II PRINCIPAL OFFICE**

Principal street address

7299 CHARLES PL.  
BROOKSVILLE, FL 34601

Mailing address, if different is:

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Any and all lawful business

**ARTICLE IV SHARES**

The number of shares of stock is: 5,000.

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: EMORY EUGENE EXUM, PRES Name and Title: \_\_\_\_\_

Address: 7299 CHARLES PLACE Address: \_\_\_\_\_  
BROOKSVILLE, FL 34601

Name and Title: WALTER POLMER, Secy-Treas Name and Title: \_\_\_\_\_

Address: 389 West Lawrence Harris Hwy Address: \_\_\_\_\_  
Wilcomb, FL 32375

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: EMORY EUGENE EXUM

Address: 7299 CHARLES PL.

BROOKSVILLE, FL 34601

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: EMORY EUGENE EXUM

Address: 7299 CHARLES PL.

BROOKSVILLE, FL 34601

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

Emory Eugene Exum  
Required Signature/Registered Agent

11-15-2011  
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Emory Eugene Exum  
Required Signature/Incorporator

11-15-2011  
Date