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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

YMD 6/18

COVER LETTER

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

SUBJECT: **PCS Experts of Sebring, 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: **Amar Toma**

Name (Printed or typed)

865 Stephenson Hwy

Address

Troy, MI 48083

City, State & Zip

248-543-9400

Daytime Telephone number

atoma@unitedwetalk.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: PCS Experts of Sebring, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

720 Sebring Square

Sebring, FL 33870

Mailing address, if different is:

720 Sebring Square

Sebring, FL 33870

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CLERK OF CIRCUIT COURT
JANUARY 15, 2013
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all lawful business.

ARTICLE IV SHARES 60,000

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Amar Toma, Director

Address: 865 Stephenson Hwy
Troy, MI 48083

Name and Title: Sarmad Shayota, Director

Address: 865 Stephenson Hwy
Troy, MI 48083

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

(cont.)

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: Amar Toma
Address: 720 Sebring Square
Sebring, FL 33870

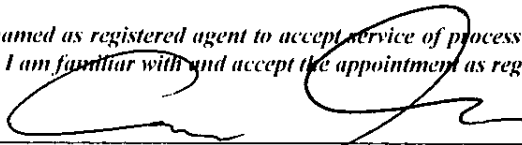
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TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Amar Toma
Address: 865 Stephenson Hwy
Troy, MI 48083

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

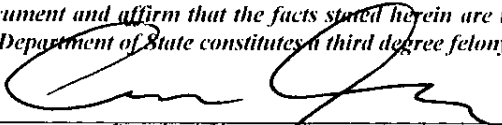


Required Signature/Registered Agent

6-11-13

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.



Required Signature/Incorporator

6-11-13

Date