



## COVER LETTER

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

SUBJECT: **PCS Experts of Orlando #2, 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: **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 Orlando #2, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

3800 E. Colonial Dr.

Orlando, FL 32803

Mailing address, if different is:

3800 E. Colonial Drive

Orlando, FL 32803

**ARTICLE III PURPOSE**

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

FILED  
13 JUN 17 PM 12:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FILED  
13 JUN 17 PM 12:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE VI REGISTERED AGENT**

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

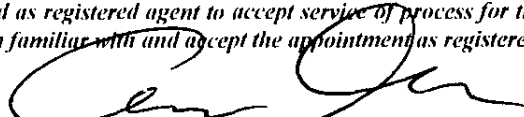
Name: Amar Toma  
Address: 3800 E. Colonial Drive  
Orlando, FL 32803

**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*

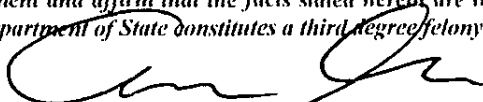


\_\_\_\_\_  
Required Signature/Registered Agent

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