

P130000052543

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

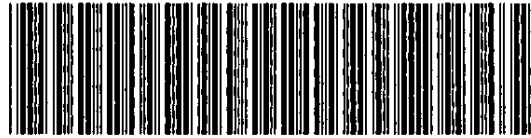
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/17/13--01019--020 **560.00

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13 JUN 17 PM 12:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MD 6/18

COVER LETTER

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

SUBJECT: **PCS Experts of Longwood, 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 Longwood, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

233 East SR 434

Longwood, FL 32750

Mailing address, if different is:

233 East SR 434

Longwood, FL 32750

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any and all lawful business.

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TALLAHASSEE, FLORIDA

ARTICLE IV SHARES

The number of shares of stock is:

60,000

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: 233 East SR 434
Longwood, FL 32750

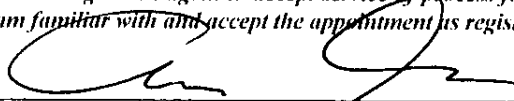
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TALLAHASSEE, FLORIDA

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

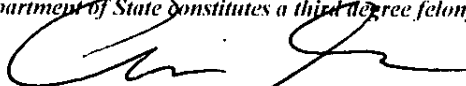


Required Signature/Registered Agent

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