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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**COVER LETTER**

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

**SUBJECT: PALM BEACH MARKETING ENTERPRISE**  
(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: LUIS A. DE LAS CAGIGAS**  
Name (Printed or typed)  
**4200 N. OCEAN DR APT-401-2**  
Address  
**SINGER ISLAND, FL 33404**  
City, State & Zip  
**561-436-9597**  
Daytime Telephone number  
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: PALM BEACH MARKETING ENTERPRISE, INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

4200 N. OCEAN DR.  
APT-401-2  
SINGER ISLAND, FL 33404

Mailing address, if different is:

P.O. BOX 16701  
WEST PALM BEACH  
FLORIDA 33416

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: MARKETING

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**ARTICLE IV SHARES 100**

The number of shares of stock is: 100

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

Name and Title: LUIS A. DE LAS CAGIGAS (PRESIDENT)

Address: P.O. BOX 16701  
WEST PALM BEACH  
FLORIDA 33416

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

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

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

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

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

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

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

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**ARTICLE VI REGISTERED AGENT**

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

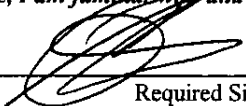
Name: LUIS A. DE LAS CAGIGAS  
Address: 4200 N. OCEAN DR APT-401-2  
SINGER ISLAND, FL 33404

**ARTICLE VII INCORPORATOR**


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

Name: LUIS A. DE LAS CAGIGAS  
Address: P.O. BOX 16701  
WEST PALM BEACH, FL 33416

*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*

 LUIS A. DE LAS CAGIGAS 10/02/2013  
Required Signature/Registered Agent 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.*

 LUIS A. DE LAS CAGIGAS 10/02/2013  
Required Signature/Incorporator Date