

P 15000031795

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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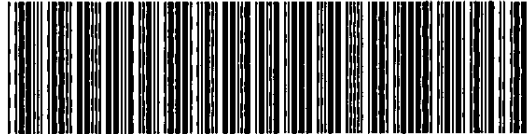
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

V/A

## COVER LETTER

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

SUBJECT: **PB Analytics Management, 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: **Stephen H. Lewis**

Name (Printed or typed)

**150 Sandy Pine Ct.**

Address

**Wellington, FL 33414**

City, State & Zip

**561-310-7788**

Daytime Telephone number

**stephenhl@aol.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**

**- OF -**

**PB ANALYTICS MANAGEMENT, INC.**

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TALLAHASSEE, FLORIDA

**Article I: Name of Corporation**

The name of the corporation shall be PB Analytics Management, Inc.

**Article II: Principal Office**

The principal office, and mailing address, shall be c/o Stephen H. Lewis, 150 Sandy Pine Court, Wellington, FL 33414.

**Article III: Purpose**

The purpose of the corporation being organized is to engage in any activity which is lawful in the State of Florida.

**Article IV: Authorized Shares**

The corporation shall be authorized to issue up to 1,000 (one thousand) shares of common stock, par value \$0.01 per share.

**Article V: Registered Agent**

The name of the Registered Agent of the corporation and his address are:

Stephen H. Lewis  
150 Sandy Pine Court  
Wellington, FL 33414

**Article VI: Incorporator**

The name of the Incorporator of the corporation and his address are:

Stephen H. Lewis  
150 Sandy Pine Court  
Wellington, FL 33414

[Remainder Of Page Left Blank]

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.

DN HZ 4/2/15  
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.

DN HZ 4/2/15  
Required Signature/Incorporator & Date

APPROVED  
AND  
FILED

15 APR -3 PM 4:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA