

P 15000035177

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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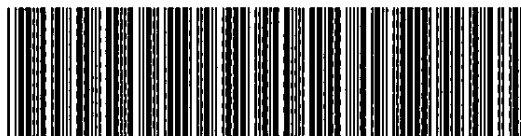
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4/17/15

COVER LETTER

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

SUBJECT: **PDM ENTERPRISE, 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: **PAUL D MONDAY**

Name (Printed or typed)

3165 CHARLES MACDONALD DR

Address

SARASOTA, FL 34240

City, State & Zip

910-443-0462

Daytime Telephone number

PDMONDAY@HOTMAIL.COM

E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FL 32304

15 APR 15 PM 3:03

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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: **PDM ENTERPRISE, INC.**

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ARTICLE II PRINCIPAL OFFICE

Principal street address

**3165 CHARLES MACDONALD DR
SARASOTA, FL 34240**

Mailing address, if different is:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: **EQUIPMENT LEASING**

ARTICLE IV SHARES

The number of shares of stock is: **100**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **PAUL D MONDAY (PRESIDENT)**

Name and Title: _____

Address **3165 CHARLES MACDONALD DR
SARASOTA, FL 34240**

Address: _____

Name and Title: **DONNA D MONDAY (VP)**

Name and Title: _____

Address **3165 CHARLES MACDONALD DR
SARASOTA, FL 34240**

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

(conti.)

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: PAUL D MONDAY
Address: 3165 CHARLES MACDONALD DR
SARASOTA, FL 34240

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: PAUL D MONDAY
Address: 3165 CHARLES MACDONALD DR
SARASOTA, FL 34240

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

PMonday 4-13-2015
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.

PMonday 4-13-2015
Required Signature/Incorporator Date

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15 APR 15 PM 3 03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA