

From:

ASG0008645

10/21/2015 10:18

#337 P.001/004

Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 075350000353
Phone : (800) 221-2972
Fax Number : (888) 692-9256

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
PYLON MANAGEMENT, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

15 OCT 21 PM 3:18

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Corporate Filing Menu

Help

From:

10/21/2015 10:25

#337 P.004/004

PYLON MANAGEMENT, INC.
15791 LOCH MAREE LANE, APT 5206
DELRAY BEACH, FL 33446

October 16, 2015

Corporation Division
Florida Secy. of State

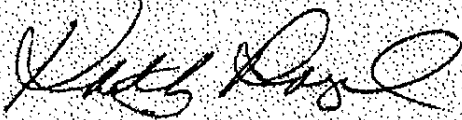
RE: PYLON MANAGEMENT, INC.

TO WHOM IT MAY CONCERN:

We, PYLON MANAGEMENT, INC. (a New Jersey corporation) hereby grant consent to PYLON MANAGEMENT, INC. to use the name PYLON MANAGEMENT, INC. as a domestic corporation in the state of Florida.

Very truly yours

PYLON MANAGEMENT, INC.



Kathy Raymond
President

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15 OCT 21 AM 2:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

From:

10/21/2015 10:18

#337 P.002/004

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: PYLON MANAGEMENT, INC.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
15791 LOCH MAREE LANE, APT. 5206
DELRAY BEACH, FL 33446

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: general

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: KATHY RAYMOND, PRES

Address: 15791 LOCH MAREE LANE, APT. 5206
DELRAY BEACH, FL 33446

Name and Title: JEFFREY J. RAYMOND, VP

Address: 15791 LOCH MAREE LANE, APT. 5206
DELRAY BEACH, FL 33446

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

From:

10/21/2015 10:19

#337 P.003/004

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: JEFFREY J. RAYMOND
Address: 15791 LOCH MAREE LANE, APT. 5206
DELRAY BEACH, FL 33446

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: JOSE MOJICA
Address: C/O BLUMBERG, 16 COURT ST.
BROOKLN, NY 11241

ARTICLE VIII EFFECTIVE DATE

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

10-20-15
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

10-21-15
Date