

P/6000047311

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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05/23/16--01008--001 **35.00

05/23/16--01008--002 **35.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 MAY 23 PM 1:16

[Handwritten signature]

COVER LETTER

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

SUBJECT: PMG Construction Corporation
(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

<input type="checkbox"/> \$78.75	<input type="checkbox"/> \$87.50
Filing Fee & Certified Copy	Filing Fee, Certified Copy & Certificate of Status

ADDITIONAL COPY REQUIRED

FROM: Patrick Gagne
Name (Printed or typed)

1520 East Sunrise Blvd., Suite 101
Address

Fort Lauderdale, FL 33304
City, State & Zip

954-816-8324
Daytime Telephone number

gagnepa111@gmail.com Patrick & PMS Construct
E-mail address: (to be used for future annual report notification)

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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: PMG Construction Corporation

ARTICLE II PRINCIPAL OFFICE

Principal street address

1520 East Sunrise Blvd., #101

Fort Lauderdale, FL 33304

Mailing address, if different is:

Same as principal address

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: any lawful purpose

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Patrick M. Gagne

Name and Title: President/Director

Address 1520 East Sunrise Blvd., #101 Address: _____

Fort Lauderdale, FL 33304

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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TALLAHASSEE, FLORIDA
16 MAY 23 PM 1:16

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: Michael N. Gomes
Address: 2401 East Atlantic Blvd., #310
Pompano Beach, FL 33062

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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Patrick Gagne
Address: 1520 East Sunrise Blvd., #101
Fort Lauderdale, FL 33304

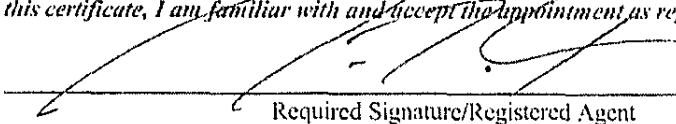
ARTICLE VIII EFFECTIVE DATE:

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

May 4, 2016
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

5-18-16
Date