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To:

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

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

****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
PCC WHOLESale CORP**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

2019 OCT -2 PM 2:45

19 OCT -2 PM 11:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:PCC WHOLESALE CORP**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

3587 SW 25 STMIAMI FL 33133**ARTICLE III SHARES:** The number of shares of stock is:100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**PEDRO CAMACHO CASTRO (P)19 OCT - 2 PM 11:08
CLERK OF STATE
TALLAHASSEE, FLORIDA

FILED

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and Florida street address (PO Box not acceptable) of the registered agent is:

Pedro Camacho Castro3587 SW 25 STMIAMI FL 33133**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Pedro Camacho Castro3587 SW 25 STMIAMI FL 33133

Required Signatures:

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



Registered Agent10/1/2019

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.



Incorporator10/1/2019

Date