

**P95000051364**

LAW OFFICES

**ENGLANDER & FISCHER, P.A.**

5959 Central Avenue  
Suite 201

St. Petersburg, FL 33710

Post Office Box 47428

St. Petersburg, FL 33743-7428

FILED

95 JUN 28 PM 3:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Phone (813) 341-2800  
Fax (813) 347-5300

Leonard S. Englander  
H. James Fischer  
Terry L. Hirsch

June 27, 1995

VIA FEDERAL EXPRESS

Corporate Records Bureau  
Division of Corporations  
Department of State  
P.O. Box 6327  
Tallahassee, FL 32301

100001526081  
-06/28/95--01077--012  
\*\*\*\*122.50 \*\*\*\*122.50

Re: P.C.M. PRECISION, INC.

Gentlemen:

Enclosed please find the Articles of Incorporation with reference to the above corporation, in duplicate, together with a check in the amount of \$122.50 to cover the minimum charter tax, filing, certified copy and registered agent fees.

Please file the original and return to me a certified copy of the same. Thank you.

Very truly yours,

LEONARD S. ENGLANDER

LSE/so

Enclosures

*100001526081*

**ARTICLES OF INCORPORATION  
OF  
P.C.M. PRECISION, INC.**

FILED  
95 JUN 28 PM 3:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I**

**Name**

1.1. The name of the corporation is P.C.M. PRECISION, INC.

**ARTICLE II**

**Duration**

2.1 This corporation shall have perpetual existence commencing on the date of filing of these Articles of Incorporation with the Department of State of Florida.

**ARTICLE III**

**Purpose**

3.1 This corporation is organized for the purpose of transacting any and all lawful business.

**ARTICLE IV**

**Capital Stock**

4.1 This corporation is authorized to issue 7500 shares of stock of \$1.00 par value common stock.

**ARTICLE V**

**Preemptive Rights**

5.1 Should the capital stock be increased at any time, the stockholders at the time of such increase shall be entitled to a pro-rata share of such increase upon payment for the shares at the price at which the shares are offered to others.

## **ARTICLE VI**

### **Initial Registered Office and Agent**

6.1 The street address of the initial registered office of this corporation is 5959 Central Avenue, Suite 201, St. Petersburg, Florida 33710, and the name of the initial registered agent of this corporation is Leonard S. Englander, Esq.

## **ARTICLE VII**

### **Principal Office and Mailing Address**

7.1 The initial principal office of this corporation is located at 591 West View Road, Largo, FL 34640, and the corporation's initial mailing address shall be the same.

## **ARTICLE VIII**

### **Initial Board of Directors**

8.1 This corporation shall have one (1) director initially.

8.2 The number of directors may be increased or decreased from time to time in accordance with the bylaws, but shall never be less than one (1).

8.3 The name and address of the initial director of this corporation is:

LEONARD S. ENGLANDER  
5959 CENTRAL AVENUE, SUITE 201  
ST. PETERSBURG, FL 33710

## **ARTICLE IX**

### **Incorporators**

9.1 The name and address of the person signing these Articles is:

LEONARD S. ENGLANDER  
5959 CENTRAL AVENUE, SUITE 201  
ST. PETERSBURG, FL 33710

**ARTICLE X**

**Indemnification**


10.1 The corporation shall indemnify its officers, directors and authorized agents for all liabilities incurred directly, indirectly or incidentally to services performed for the corporation, to the fullest extent permitted under Florida law existing now or hereinafter enacted.

**ARTICLE XI**

**Amendment**

11.1 This corporation reserves the right to amend or repeal any provisions contained in these Articles, or any amendment to them, and any right conferred upon the shareholders is subject to this reservation.

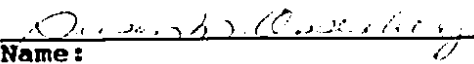
IN WITNESS WHEREOF, the undersigned subscriber has executed these Articles of Incorporation on June 27, 1995.

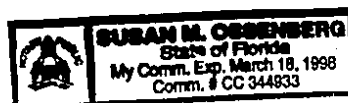
  
\_\_\_\_\_  
LEONARD S. ENGLANDER  
Incorporator

STATE OF FLORIDA  
COUNTY OF PINELLAS

THE FOREGOING instrument was acknowledged before me this 27 day of June, 1995, by LEONARD S. ENGLANDER, who is personally known to me or who has produced \_\_\_\_\_ as identification and who did (did not) take an oath.

(Seal)

  
Name: \_\_\_\_\_  
NOTARY PUBLIC  
State of Florida at Large  
Comm. No.: \_\_\_\_\_  
My Commission Expires: \_\_\_\_\_



**CONSENT OF REGISTERED AGENT**

Having been named as Registered Agent for P.C.M. PRECISION, INC., at the registered office designated in the Articles of Incorporation, the undersigned hereby accepts the designation of Registered Agent.

  
LEONARD S. ENGLANDER

STATE OF FLORIDA  
COUNTY OF PINELLAS

SWORN TO AND SUBSCRIBED before me this 27 day of June, 1995,  
by LEONARD S. ENGLANDER, who is personally known to me or who has  
produced \_\_\_\_\_ as identification and who  
did (did not) take an oath.

(Seal)

Susan M. Ochsberg  
Name:  
NOTARY PUBLIC  
State of Florida at Large  
Comm. No.:  
My Commission Expires:



P93002051364

STATE OF FLORIDA  
OFFICE OF THE COMPTROLLER  
APPLICATION FOR REFUND

Section 215.26, Florida Statutes, states in part: "Applications for refunds as provided in this section shall be filed with the Comptroller, except as otherwise provided herein, within 3 years after the right to such refund shall have accrued else such right shall be barred." Three years is generally interpreted as meaning three years from the date of payment into the State treasury. The Comptroller has delegated the authority to accept applications for refund to the unit of State government which initially collected the money.

Pursuant to the provisions of Rule 3A-44.020, Florida Administrative Code, and Section 215.26, Florida Statutes, or Section \_\_\_\_\_, Florida Statutes, I hereby apply for a refund of moneys I paid into the State treasury, which are subject to refund. The following information is submitted to substantiate the claim.

Name: PCIM Precision, Inc. EIN or SS#: 59-3368442

Address: 13509 65TH ST N  
LARGO, FL 34641

Amount: \$150.00 Date Paid \_\_\_\_\_

Reason for claim: P-93002051364 Overpayment

Certified true and correct this 27 day of Sept, 19 96.

Signature [Signature]

\* Must be completed if authority is other than Section 215.26, Florida Statutes.

For Agency Use Only	
Agency recommends approval of above claim and submits the following information to substantiate the claim:	Amount of recommended refund \$ <u>150.00</u>
The amount requested above was originally deposited into the State Treasury as a part of the funds deposited on State Treasurer's Receipt No. <u>CR2E060(695)</u>	
Name of Account	<u>45202130001453000000000010000</u>
Statutory Authority for Collection	<u>687</u>
It is requested that payment be made from the following account:	
NAME OF ACCOUNT	<u>452021300014530000000022002000</u>
Certified true and correct this _____ day of _____, 19 _____	
Department of State, Division of Corporations (Agency)	(Authorized Signature and Title)