

P96000102309

TRANSMITTAL LETTER

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

000002024430--7  
-12/10/96--01089--006  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT: P M A B I N C .  
(Proposed corporate name - must include suffix)

EFFECTIVE DATE  
2-1-97

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

\$70.00  
Filing Fee

\$78.75  
Filing Fee  
& Certificate

\$122.50  
Filing Fee  
& Certified Copy

\$131.25  
Filing Fee,  
Certified Copy  
& Certificate

ADDITIONAL COPY REQUIRED

FROM: PIERRE THERIAULT  
Name (Printed or typed)

17924 64<sup>TH</sup> PL. N.  
Address

LOXAHATCHEE, FL. 33470  
City, State & Zip

561-753-0739  
Daytime Telephone number

W96-25991

DEC 11 1996

BSB  
(691)

FILED  
DEC 19 AM 11:25  
TALLAHASSEE, FLORIDA

NOTE: Please provide the original and one copy of the articles.



**FLORIDA DEPARTMENT OF STATE**  
Sandra B. Mortham  
Secretary of State

December 11, 1996

PIERRE THERIAULT  
17924 64TH PLACE NORTH  
LOXAHATCHEE, FL 33470

SUBJECT: PNAB INC  
Ref. Number: W96000025991

We have received your document for PNAB INC and check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document must state the number of shares of authorized stock.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6925.

Brenda Baker  
Corporate Specialist

Letter Number: 396A00055358

ARTICLES OF INCORPORATION

FILED

96 DEC 19 AM 11:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

PMAB INC.

EFFECTIVE DATE

2-1-97

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

17924 64<sup>TH</sup> PL. N.

LOXAHATCHEE FL. 33470

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

PIERRE THERIAULT

17924 64<sup>TH</sup> PL. N.

LOXAHATCHEE FL. 33470

**ARTICLE V INCORPORATOR(S)**

See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

PIERRE THERIAULT  
17924 64<sup>TH</sup> PL. N.  
LORAHATCHEE FL. 33470

**ARTICLE VI EFFECTIVE DATE**

FEB. 1<sup>ST</sup> 1997 EFFECTIVE DATE

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

3<sup>RD</sup> day of DECEMBER, 19 96.

(An additional article must be added if an effective date is requested.)

Pierre Theriault  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

**Notarization is not required**

**NOTE:** Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is:

PNAB INC.

2. The name and address of the registered agent and office is:

PIERRE THERIAULT  
(NAME)

1792~~4~~ 64<sup>TH</sup> PL. N.  
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

LOXAHATCHEE, FL. 33470  
(CITY/STATE/ZIP)

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

*Pierre Theriault*  
(SIGNATURE)

12-3-96  
(DATE)

FILED  
96 SEP 19 AM 11:25  
TALLAHASSEE, FLORIDA