P988881145913

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

SUBJECT: PM I I UC. (r.a. osed corporate name - must include suffix)			
Enclosed is an original	and one(1) copy of the articles	s of incorporation and a c	check for:
□ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	\$122.50 Filing Fee & Certified Copy	S131.25 SECRET OF ARREST O
		ADDITIONAL CO	PY REQUIRED PROPERTY OF STATION
FROM: Paul Venditti Name (Printed or typed)			
201 ATP Tour Blud PO BOY 2588 Address			
POUTS UED PA BEACH FI City, State & Zip			
904 - 285 - 66 22 - EXT * 8750 Daytime Telephone number			

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

5,210

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be: PMZ INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: PMZ INC 5290- H NORWOOD AVENUE JACKSONVIILE, FIORIDA 32208

ARTICLE III SHARES

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

100 SHARES

PAUL VENDITTI 33 MICHAEL WILLSON 37

MARKSPRING34

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are: PAUL VENDITTL

201 ATP TOUR BLUD PO BOY 2588 PONTS VEDRA BEACH FIORIDA 32084- 2589

INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are: MICHAEL WILSON

FORT CANOLINE Rd. Swite K

JACKSONVILLE, FL 32277

Signature/Incorporator

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

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

Signature/Registered Agent