

TRANSMITTAL LETTER

P99000008697

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

SUBJECT: PC Medics, Inc.
(Proposed corporate name - must include suffix)

900002754269--6
-01/25/99--01152--001
*****78.75 *****78.75

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: Jonathan Schwimmer
Name (Printed or typed)

10188 E1 Caballo Ct.
Address

Delray Beach, FL 33446
City, State & Zip

(561) 498-8292
Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

99 JAN 25 PM 1:45

FILED

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

CB
2-2899

FILED

99 JAN 25 PM 1:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

PC Medics, Inc.

ARTICLE II PRINCIPAL OFFICE

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

10188 E1 Caballo Ct.
Delray Beach, FL 33446

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 Florida street address of the initial registered agent are:

Thomas Castell
1300 N Federal Hwy #202
Boca Raton, FL 33432

ARTICLE V INCORPORATOR

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

Jonathan Schwimmer
10188 E1 Caballo Ct.
Delray Beach, FL 33446



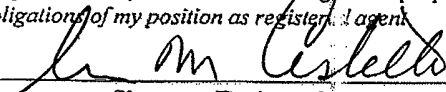
Signature/Incorporator

1/20/99

Date

(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

Jan 21, 1999

Date