P99000037197

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 900002844529--5 -04/20/99--01020--010 *****78.75 ******78.75

SUBJECT: PCS DIVISION INC. (Proposed corporate name - must include suffix)			
Enclosed is an origina	al and one(1) copy of the article		
☐ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status
FROM: BRIAN J. SMITH Name (Printed or typed) P.O. Box 1351			
POME VERDA BEACH, FL 32004 City, State & Zip			FILEI 99 APR 20 PA SECNILLARY OF TALLAHASSEE, I

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

1-561-252-7360

Daytime Telephone number

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.

The name of the corporation shall be:

PCS Division Inc.

ARTICLE II.

The principal place of business of this corporation shall be:

PCS Division Inc. 5700 Okeechobee Blvd. West Palm Beach, FL 33417

The mailing address for this corporation shall be:

PCS Division Inc. P.O. Box 1351 Ponte Vedra Beach, FL 32004

ARTICLE III.

The number of shares of stock that this corporation is authorized to have outstanding at any one time will be 1,000,000 common shares, of which 1,000,000 common shares will have equal voting rights.

ARTICLE IV.

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

Brian J. Smith 5700 St. Augustine Road Jacksonville, Fl 32207

ARTICLE V.

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

99 APR 20 PM 1: 40
SECRETARY OF STATE
SECRETARY OF STATE

Brian J. Smith 5700 St. Augustine Road Jacksonville, Fl 32207

Signature/Incorporator

4-14-99

Date

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 y duties, and I am familiar with and accept the obligations of my position as registered agent.

Signature/Registered Agent

4-14-99

Date

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SECRETARY OF STAIL