

P9900006476 7

TRANSMITTAL LETTER

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

SUBJECT: P.K. of America, Inc.

(Proposed corporate name - must include suffix)

800002930938--4
-07/14/99--01057--013
****131.25 *****87.50

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: PAOLO LONGO, JR.
Name (Printed or typed)

16420 BRIAR PATCH PLACE
Address

MIAMI LAKES, FL 33014
City, State & Zip

(305) 698-8474
Daytime Telephone number

AUTHORIZATION BY CB
CORRECT CB
DATE 7-21-99
DOC. EXAM CB

FILED
99 JUL 14 PM 3:25
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

CB
7/22/99
2

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:

P.K. OF AMERICA, INC.

ARTICLE II: PRINCIPAL OFFICE

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

16420 Briar Patch Place
Miami Lakes, FL 33014

ARTICLE III: SHARES

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

100

ARTICLE IV: INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Paolo Longo, Jr.
16420 Briar Patch Place
Miami Lakes, FL 33014

ARTICLE V: INCORPORATORS

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

Maria Angelina Longo
16420 Briar Patch Place
Miami Lakes, FL 33014


Signature/Incorporator

7-12-99
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 my duties, and am familiar with and accept the obligations of my position as registered agent.


Signature/Registered Agent

7/12/99
Date

FILED
9 JUL 14 PM 3:25
SECRETARY OF STATE
TALLAHASSEE FLORIDA