Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 PMM Holdings, Inc. SUBJECT: (Proposed corporate name - must include suffix)

□ \$70.00 □ \$78.75

Filing Fee Filing Fee & Certificate of Status

Certificate of Status

ADDITIONAL COPY REQUIRED

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

FROM:

| Gary W. Geitz |
| Name (Printed or typed) |
| 14444 Beach Boulevard, Suite 18-125 |
| Address |
| Jacksonville, Florida 32250 |
| City, State & Zip |
| 904.390.9341 |
| Daytime Telephone number |

99 DEC -1 PM 4: 02
SECRETARY OF STATE

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

W/2/3

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:

PMM Holdings, Inc.

ARTICLE II PRINCIPAL OFFICE

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

14444 Beach Boulevard, Suite 18-125

ARTICLE III SHARES

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

100,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Gary W. Geitz, 14444 Beach Boulevard, Suite 18-125, Jacksonville, FL 32250

ARTICLE V INCORPORATOR

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

Gary W. Geitz, President, 14444 Beach Boulevard, Suite 18-125, Jacksonville, FL 32250

Signature/Incorporator 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 Date