

From:

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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 075350000353
Phone : (800)221-2972
Fax Number : (888)692-9256

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION

Premier IT Networks, Inc

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
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2/23/16

From:

02/22/2016 14:48

#301 P.002/003

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: Premier IT Networks, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

4931 SW 35TH TERRACE
FORT LAUDERDALE, FL 33312

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

To conduct all activities set forth and permitted under and Florida corporation law

ARTICLE IV SHARES

The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: TZAHY ZLIKHA Name and Title: _____

Address: 4931 SW 35TH TERRACE Address: _____
FORT LAUDERDALE, FL 33312

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

From:

02/22/2016 14:48

#301 P.003/003

Name and Title: _____ Name and Title: _____
 Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: TZAH ZLIKHA
 Address: 4931 SW 35TH TERRACE
FORT LAUDERDALE, FL 33312

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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: TZAH ZLIKHA
 Address: 4931 SW 35TH TERRACE
FORT LAUDERDALE, FL 33312

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

X 
 Required Signature/Registered Agent

2/9/16
 Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

X 
 Required Signature/Incorporator

2/9/16
 Date