

*H20000090684*  
Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H20000403275 3)))



H200004032753ABCX

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.** Doing so will generate another cover sheet.

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

From: Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.  
Account Number : 07535000353  
Phone : (800)221-2972  
Fax Number : (917)243-5843

**\*\*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 DRAINS, INC**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 01      |
| Estimated Charge      | \$70.00 |

NOV 23 AM 11:06

2020 NOV 23 PM 12:01

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

ARTICLE I NAME PREMIER DRAINS, INC  
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE  
Principal street address

Mailing address, if different is:

7708 RIFFLE LANE

7708 RIFFLE LANE

ORLANDO, FL 32818

ORLANDO, FL 32818

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To engage in any lawful act or activity for which corporations may be organized.

NOV 23 AM 11:06

ARTICLE IV SHARES 100 NPV  
The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MARK DEFREITAS , Director

Name and Title:

Address 7708 RIFFLE LANE

Address:

ORLANDO, FL 32818

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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: MARK DEFREITAS  
 Address: 7708 RIFFLE LANE  
ORLANDO, FL 32818

NOV 23 AM 11:06  
 RECEIVED  
 STATE OF FLORIDA  
 DEPARTMENT OF STATE

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: MARK DEFREITAS  
 Address: 7708 RIFFLE LANE  
ORLANDO, FL 32818

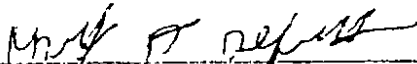
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: JANUARY 01, 2021 (OPTIONAL)

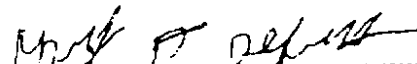
(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

**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  11/20/2020  
 Required Signature/Registered Agent 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  11/20/2020  
 Required Signature/Incorporator Date