

TRANSMITTAL LETTER

PO1000047945

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

SUBJECT:

PREMIUM CAPITAL CORPORATION  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

700004139867--1  
-05/07/01--01140--001  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

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 of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

ADDITIONAL COPY REQUIRED

FROM:

KAREN A. CURRAN  
Name (Printed or typed)

2655 LEVEUNE RD - PH 1  
Address

CORAL GABLES, FL 33134  
City, State & Zip

305-448-6845  
Daytime Telephone number

01 MAY -7 PM 2:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

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

Karen GAVE

AUTHORIZATION BY PHONE TO

CORRECT Name

DATE 5/14

DOC. EXAM SeB

G. BULLOCK MAY 14 2001

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# 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:

PREMIUM CAPITAL SYSTEMS CORPORATION

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

6401 S.W. 87 AVE  
SUITE 212  
MIAMI, FL 33173

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

INVESTMENT

## ARTICLE IV SHARES

The number of shares of stock is:

100

## ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

01 MAY -7 PM 2:31  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

LEONARD HEVENSTEIN  
16119 VIA MONTEVERDE  
DELRAY BEACH, FL 33446

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

KAREN A. CURRAN  
2655 HEVENARD, PH 1-D  
CORAL GABLES, FL 33134

\*\*\*\*\*  
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

Signature/Registered Agent

Date

Signature/Incorporator

Date