

P03000/28615

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

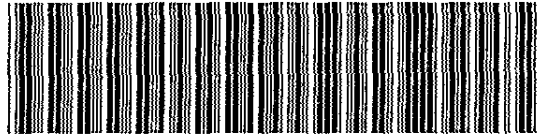
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: Primary Financial Solutions, Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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:

Alvin Chambers

Name (Printed or typed)

3591 SW 10th Street Apt 4

Address

Miami, FL 33135

City, State & Zip

(786)553-8141

Daytime Telephone number

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

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:

Primary Financial Solutions, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1825 Ponce De Leon Blvd. #106 Coral Gables, FL 33134

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The purpose of the corporation is to conduct any lawful purpose or purposes.

ARTICLE IV SHARES

The number of shares of stock is:

10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Alvin Chambers	3591 SW 10th Street Apt 4	Miami, FL 33135 - President
Alvin Chambers	3591 SW 10th Street Apt 4	Miami, FL 33135 - Secretary/Treasurer
Alvin Chambers	3591 SW 10th Street Apt 4	Miami, FL 33135 - Director

ARTICLE VI REGISTERED AGENT

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

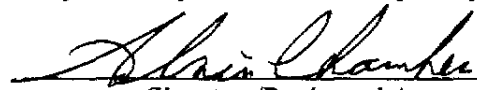
Alvin Chambers 3591 SW 10th Street Apt 4 Miami, FL 33135

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Alvin Chambers 3591 SW 10th Street Apt 4 Miami, FL 33135

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

10/31/03

Date



Signature/Incorporator

10/31/03

Date

FILED

03 NOV -5 PM 6:01

SECRETARY OF STATE
TALLAHASSEE FLORIDA