

P05000120332

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

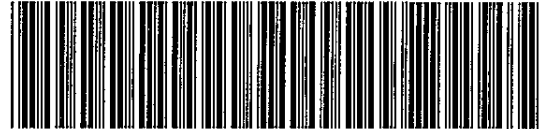
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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05 AUG 30 AM 9:24  
SOUTH FLORIDA  
TALLAHASSEE  
STATE

## TRANSMITTAL LETTER

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

**SUBJECT:** PREMIER ADVERTISING SPECIALTIES, 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status  
**ADDITIONAL COPY REQUIRED**

FROM: DARRYL CROMAR

Name (Printed or typed)

PO BOX 1692

Address

ZEPHYRHILLS, FL 33539

City, State & Zip

813-782-0618

Daytime Telephone number

## 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 ADVERTISING SPECIALTIES, INC

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

PO BOX 1692  
ZEPHYRHILLS, FL 33540

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:  
FOR PROFIT/ PRINTING

### ARTICLE IV SHARES

The number of shares of stock is:  
100

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):  
DARRYL CROMAR 6122 JESSUP DR ZEPHYRHILLS, FL 33540 - PRESIDENT

### ARTICLE VI REGISTERED AGENT

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

KELLE DIAZ  
6122 JESSUP DR  
ZEPHYRHILLS, FL 33540

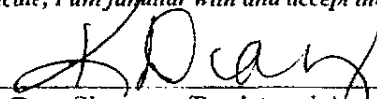
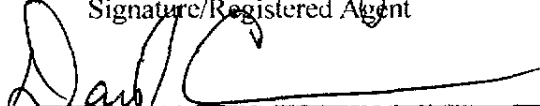
### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

DARRYL CROMAR  
6122 JESSUP DR  
ZEPHYRHILLS, FL 33540

\*\*\*\*\*

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  
  
\_\_\_\_\_  
Signature/Incorporator

08/26/05  
\_\_\_\_\_  
Date

08/26/05  
\_\_\_\_\_  
Date

FILED  
05 AUG 30 AM 9:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA