

PO6000030890

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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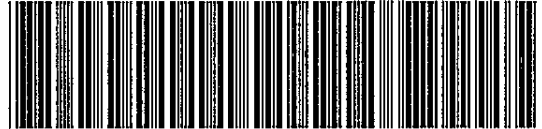
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRET
TALLAHASSEE, FLORIDA

J. Shivers MAR 02 2006

COVER LETTER

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

SUBJECT: PREMIUM BUILDING MAINTENANCE, 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: GILDA ELLISON
Name (Printed or typed)

19925 NE 39 PLACE #404
Address

AVENTURA, FL. 33180
City, State & Zip

305-345-9409
Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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: PREMIUM BUILDING MAINTENANCE, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

19925 NE 39 PLACE #404
AVENTURA, FL. 33180

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

JANITORIAL BUILDING MAINTENANCE

ARTICLE IV SHARES

The number of shares of stock is: 10

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

GILDA ELLISON PRES
19925 NE 39 PLACE #404
AVENTURA, FL. 33180

ARTICLE VI REGISTERED AGENT

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

GILDA ELLISON
19925 NE 39 PLACE #404
AVENTURA, FL. 33180

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

GILDA ELLISON
19925 NE 39 PLACE #404
AVENTURA, FL. 33180

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

G. Ellison

Signature/Registered Agent

G. Ellison

Signature/Incorporator

2/25/06

Date

2/25/06

Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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