

P07000027583

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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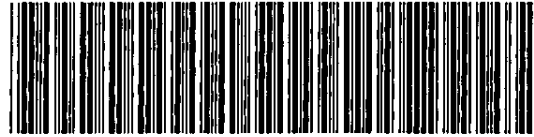
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Hampton MAR - 2 2007

COVER LETTER

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

SUBJECT: PREMIER PAPER & MEDICAL SUPPLIES, 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: Jeanette Montenegro
Name (Printed or typed)

6770 Indian Creek Drive, #4A
Address

Miami Beach, FL 33141
City, State & Zip

(305) 308-6430
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: PREMIER PAPER & MEDICAL SUPPLIES, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is: 6770 Indian Creek Drive, #4A
Miami Beach, FL 33141

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Janitorial, Paper and Miscellaneous medical supplies (sale of)

ARTICLE IV SHARES

The number of shares of stock is: One Hundred (100)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s): Jeanette Montenegro, President
6770 Indian Creek Drive, #4A
Miami Beach, FL 33141

ARTICLE VI REGISTERED AGENT

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

Jeanette Montenegro - 6770 Indian Creek Drive, #4A, Miami Beach, FL
33141

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is: Jeanette Montenegro
6770 Indian Creek Drive, #4A
Miami Beach, FL 33141

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

2/26/07

Date



Signature/Incorporator

2/26/07

Date

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA