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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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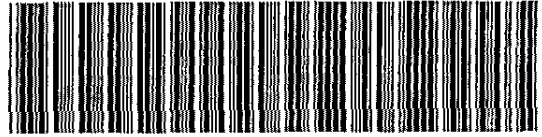
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL 32310

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COVER LETTER

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

SUBJECT: Premium Credit Consultants, 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: Ariadne Villalonga
Name (Printed or typed)

8600 NW South River Drive, Suite 227
Address

Miami, FL 33166
City, State & Zip

305-883-8832
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:

Premium Credit Consultants, Inc

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

8600 NW South River Drive. Suite 227 Miami, FL.33166

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Credit Consulting

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Ernesto Pastrana 1694 W 59th ST. Hialeah, FL. 33012 President

Ariadne Villalonga 1694 W 59th ST. Hialeah, FL. 33012 Vice- President

ARTICLE VI REGISTERED AGENT

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

Ariadne Villalonga 1694 W 59th ST. Hialeah, FL. 33012

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Ariadne Villalonga 1694 W 59th ST. Hialeah, FL. 33012

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

03-3-2007

Date

Signature/Incorporator

03-3-2007

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA