

FROM : LAZARUS  
Division of Corporations

FAX NO. : 3052201140

MAY 28 2009 03:00PM P1

Florida Department of State  
Division of Corporations  
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FLORIDA PROFIT/NON PROFIT CORPORATION

PREMIUM MULTI SERVICES, CORP.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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D. A. WHITE

FROM : LAZARUS

FAX NO. : 3052201440

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**ARTICLES OF INCORPORATION**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

THE UNDERSIGNED INCORPORATOR(S), FOR THE PURPOSE OF  
FORMING A  
CORPORATION UNDER THE FLORIDA BUSINESS CORPORATION  
ACT, HEREBY  
ADOPT(S) THE FOLLOWING ARTICLES OF INCORPORATION.

**ARTICLE I - NAME**

THE NAME OF THE CORPORATION SHALL BE:

Premium Multi Services, Corp.

**ARTICLE II - PRINCIPAL OFFICE**

THE PRINCIPAL PLACE OF BUSINESS AND MAILING OF THIS  
CORPORATION SHALL BE:

208 SW 15 Rd  
Homestead FL 33030

**ARTICLE III - SHARES**

THE NUMBER OF SHARES OF STOCK THAT THIS CORPORATION  
IS AUTHORIZED TO HAVE OUTSTANDING AT ANY ONE TIME IS:

100

**ARTICLE IV - INITIAL REGISTERED AGENT AND STREET ADDRESS**

THE NAME AND ADDRESS OF THE INITIAL REGISTERED AGENT IS

Margarita Pino  
208 SW 15 Rd  
Homestead FL 33030

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**ARTICLE V - INCORPORATOR**

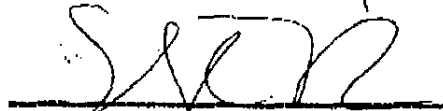
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**THE NAME AND STREET ADDRESS OF THE INCORPORATOR TO THESE  
ARTICLES OF INCORPORATION IS:**

Margarita Pino  
208 SW 15 Rd  
Homestead FL 33030

**THE UNDERSIGNED INCORPORATOR HAS EXECUTED THESE ARTICLES  
OF INCORPORATION THIS**

28 DAY OF MAY, 2009



**SIGNATURE**

**ARTICLE VI - DIRECTOR(S)**

**THE NAME(S) AND STREET ADDRESS (ES) OF THE DIRECTOR(S) TO  
THESE ARTICLES OF INCORPORATION IS (ARE):**

Margarita Pino - President

**CERTIFICATE OF DESIGNATION OF REGISTERED AGENT / REGISTERED  
OFFICE**

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE  
STATED CORPORATION AT PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE  
APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO  
COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATED TO THE PROPER AND COMPLETE  
PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION  
AS REGISTERED AGENT.



**REGISTERED AGENT SIGNATURE**

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