

P10000089273

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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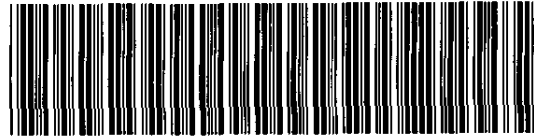
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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RECEIVED

10 NOV - 3 PM 12:22

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED

10 NOV - 3 PM 12:35

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

J 11/3/10

COVER LETTER

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

SUBJECT: Premier Technology 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: Benchley Barney

Name (Printed or typed)

5579 Hampton Hill Circle

Address

Tallahassee, FL 32311

City, State & Zip

850-877-7466

Daytime Telephone number

benchleyb@gmail.com

E-mail address: (to be used for future annual report notification)

RECEIVED
DEPARTMENT 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)

FILED

ARTICLE I NAME

The name of the corporation shall be: Premier Technology Consultants Inc.

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ARTICLE II PRINCIPAL OFFICE

Principal street address
5579 Hampton Hill Circle
Tallahassee, FL 32311

Mailing address, if different is: 3144
Same as street address.

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The purpose for this corporation is to provide Information technology Services.

ARTICLE IV SHARES

The number of shares of stock is 2

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Benchley Barney (Director)	Name and Title: Irfan Agha (Director)
Address: 5579 Hampton Hill Circle	Address: 45 Violet Lane
Tallahassee, FL 32311	Crawfordville, FL 32327

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Benchley Barney
Address: 5579 Hampton Hill Circle
Tallahassee, FL 32311

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Irfan Agha
Address: 45 Violet Lane
Crawfordville, FL 32311

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



Required Signature/Registered Agent

11/3/10
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Required Signature/Incorporator

11/3/10
Date