

P100000097072

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

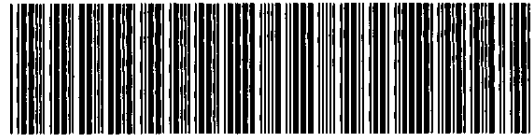
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700187732377

11/29/10--01022--018 \*\*78.75

FILED  
10 NOV 29 AM 11:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MD 12/1

## COVER LETTER

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

SUBJECT: PREMIER AUTO SHIPPERS, 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: Lee Paolino  
Name (Printed or typed)

10022 NW 20th St  
Address

Coral Springs, FL 33071  
City, State & Zip

954-448-0657  
Daytime Telephone number

Leepaolino@yahoo.com  
E-mail address: (to be used for future annual report notification)

**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** Premier Auto Shippers, Inc.  
The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
10022 NW 20th St  
Coral Springs, FL 33071

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
Domestic transportation of motor vehicles.

**ARTICLE IV SHARES**

The number of shares of stock is: 1

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: <u>Lee Paolino - President</u>	Name and Title: _____
Address: <u>6820 E Cypresshead Dr</u>	Address: _____
<u>Parkland, FL 33067</u>	_____

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: Lee Paolino  
Address: 6820 E Cypresshead Dr  
Parkland, FL 33067

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Lee Paolino  
Address: 6820 E Cypresshead Dr  
Parkland, FL 33067

*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*

Lee Paolino

Required Signature/Registered Agent

11/18/2010

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.*

Lee Paolino

Required Signature/Incorporator

11/18/2010

Date

FILED  
10 NOV 29 AM 11:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA