

PR000087381

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

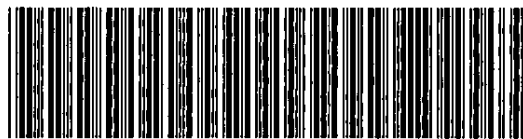
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000252729720

10/23/13--01014--002 **87.50

FILED
13 OCT 23 PM 4:26
SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

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

SUBJECT: PRIME ESCROW, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Michael Ira Meeker

Name (Printed or typed)

13799 Park Boulevard North, # 288

Address

St. Petersburg, Florida 33776

City, State & Zip

727.392.5063

Daytime Telephone number

trustee33776@gmail.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

The name of the corporation shall be: PRIME ESCROW, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

13799 Park Blvd North, # 288

St. Petersburg, Florida 33776

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: all activities which are legal within the State of Florida.

ARTICLE IV SHARES 1,000

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Michael Ira Meeker, President

Address: 13799 Park Blvd North, # 288
St. Petersburg, Florida 33776

Name and Title: Michael Ira Meeker, Vice President

Address: 13799 Park Blvd North, # 288
St. Petersburg, Florida 33776

Name and Title: Michael Ira Meeker, Treasurer

Address: 13799 Park Blvd North, # 288
St. Petersburg, Florida 33776

Name and Title: Michael Ira Meeker, Director

Address: 13799 Park Blvd North, # 288
St. Petersburg, Florida 33776

Name and Title:

Address:

Name and Title: Michael Ira Meeker, Secretary

Address: 13799 Park Blvd North, # 288
St. Petersburg, Florida 33776

FILED
06/23 PM 4:26
CLERK OF STATE
TALLAHASSEE FLORIDA

(conti.)

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: Michael Ira Meeker
Address: 13799 Park Blvd North, # 288
St. Petersburg, Florida 33776

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Michael Ira Meeker
Address: 13799 Park Blvd North, # 288
St. Petersburg, Florida 33776

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

Michael Ira Meeker
Required Signature/Registered Agent

18 October 2013

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.

Michael Ira Meeker
Required Signature/Incorporator

18 October 2013

Date

FILED
13 OCT 23 PM 4:26
SECRETARY OF STATE
TALLAHASSEE FLORIDA