

P14000030949

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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

4/8/14

## COVER LETTER

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

SUBJECT: Peera d i g m, 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:

Cary Schwimmer

Name (Printed or typed)

801 West Tropical Way

Address

Plantation FL 33317

City, State & Zip

954 478 0400

Daytime Telephone number

schwimster@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:

Peeradigm, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

801 West Tropical Way  
Plantation, FL 33317

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To do any and all activities  
or businesses permitted under the law of  
the United States, and of this state,  
as fully and to the same extent  
as natural persons might or could do.

**ARTICLE IV SHARES**

The number of shares of stock is:

One hundred shares (100) at a value of  
One dollar (\$) per share.

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

Name and Title:

Cary Schwimmer President

Name and Title:

Address

801 West Tropical Way  
Plantation, FL 33317

Address:

Name and Title:

Pamela Schwimmer Vice President

Name and Title:

Address

801 West Tropical Way  
Plantation, FL 33317

Address:

Name and Title:

Name and Title:

Address

Address:

(cont.)

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: Cary Schwimmer  
Address: 801 West Tropical Way  
Plantation, FL 33317

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Cary Schwimmer  
Address: 801 West Tropical Way  
Plantation, FL 33317

*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*

C.S. Schwimmer

Required Signature/Registered Agent

3-27-14

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.*

C.S. Schwimmer

Required Signature/Incorporator

3-27-14

Date