

P14000092260

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

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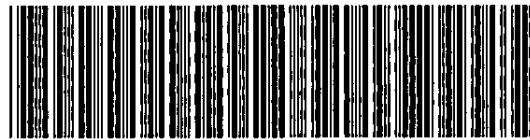
(Business Entity Name)

(Document Number)

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STATE OF NEW YORK

W14-60784

COVER LETTER

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

SUBJECT: Prime Projects, 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: Jovanna M. Suarez

Name (Printed or typed)

9780 N.W. 79 Avenue

Address

Hialeah Gardens, FL 33016

City, State & Zip

786-200-2018

Daytime Telephone number

jovannasuarez@me.com

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

NOTE: Please provide the original and one copy of the articles.

mailed 9/30



RECEIVED

14 NOV 12 PM 2:28

FLORIDA DEPARTMENT OF STATE
Division of Corporations

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

October 7, 2014

JOVANNA M. SUAREZ
9780 NW 79 AVE
HIALEAH GARDENS, FL 33016

SUBJECT: PRIME PROJECTS, INC.
Ref. Number: W14000060784

We have received your document for PRIME PROJECTS, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Incorporator and Registered Agent signatures cannot be initials, they must be the full signature of the individual.

copy signed

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Jessica A Fason
Regulatory Specialist II

Letter Number: 214A00021349

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 Projects, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

9780 N.W. 79 Avenue
Hialeah Gardens, FL 33016

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Design Services

ARTICLE IV SHARES 500

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jovanna M. Suarez, President

Name and Title: _____

Address 9780 N.W. 79 Avenue

Address: _____

Hialeah Gardens, FL 33016

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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(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: Jovanna M. Suarez
Address: 9780 N.W. 79 Avenue
Hialeah Gardens, FL 33016

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Jovanna M. Suarez
Address: 9780 N.W. 79 Avenue
Hialeah Gardens, FL 33016

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

Jovanna M. Suarez
Required Signature/Registered Agent

9/29/14
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.

Jovanna M. Suarez
Required Signature/Incorporator

9/29/14
Date

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