Florida Department of State

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TECHTAN OF STATE
LLAHASSEE FLORIDA

FLORIDA PROFIT/NON PROFIT CORPORATION

Prime Estate Management, Inc.

| Certificate of Status | |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 03 |
| Estimated Charge | \$78.75 |

1 of 2

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ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Prime Estate Management, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

415 NW 58th Street Miami, FL 33127

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1,500 Shares at No Par Value

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Deloris Jackson 415 NW 58th Street Miami, FL 33127

Prepared By: Bruce B. Hubbard 77 East John St. Hicksville, New York 11801 1-516-935-3940



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ARTICLE V INITIAL OFFICER(S)/DIRECTOR(S)

The name(s) and street address(es) and title(s) to these Articles of Incorporation is(are):

John Thomas - President/Director 4001 SW 24th Street, Hollywood, FL 33023

Tonya Jackson - Vice President/Director 415 NW 58th Street, Miami, FL 33127

ARTICLE VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

John Thomas 4001 SW 24th Street, Hollywood, FL 33023

Tonya Jackson 415 NW 58th Street, Miami, FL 33127

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

22nd day of December 20 14

John Thomas

Signature

Tonya Jackson

Signature

1. The name of the corporation is: Prime Estate Management, Inc.

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES. THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN THE DESIGNATING THE REGISTERED OFFICE/AGENT, IN THE STATE OF FLORIDA.

| 2. The name and address of the registered | d agent and office is: | FI ORIU |
|--|--|---|
| J | Deloris Jackson | *** |
| | Name | |
| | 415 NW 58th Street | = 7. |
| | (P.O. Box or Mail Drop Box NOT Acceptable) | <u>.</u> |
| | Miami, FL 33127 | |
| _ | (City / State / Zip) | , e |
| corporation at the place designated in agent and agree to act in this capacity | nt and to accept service of process for the above this certificate, I hereby accept the appointment. I further agree to comply with the provisions erformance of my duties, and am familiar with a dagent. | nt as registered 🧊 of all the statutes |
| Al acknow | 12/22/201 4 | |
| Deloris Jackson / SIGNATURE | (Date) | |