

P/5000033189

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

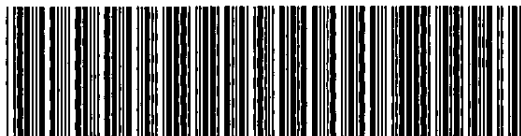
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
15 APR - 9 AM 11:48

✓ 04/13/15

COVER LETTER

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

SUBJECT: **PRIME VIRTUAL SOLUTIONS, 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: **Ms. Tracey A. Williams**
Name (Printed or typed)
558 Johns Creek Parkway
Address
Saint Augustine, Florida 32092
City, State & Zip
904 434 0307
Daytime Telephone number
traaw09@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 VIRTUAL SOLUTIONS, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

558 Johns Creek Parkway

Saint Augustine, FL 32092

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Providing customer service, sales
and technical support solutions to a variety of world class businesses from
a home based business operation.

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ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Ms. Tracey A. Williams -President

Name and Title: Mr. M. Rudolph Payne- Vice President

Address 588 Johns Creek Parkway
Saint Augustine, FL 32092

Address: 588 Johns Creek Parkway
Saint Augustine, FL 32092

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

(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: Ms. Tracey A Williams
Address: 558 Johns Creek Parkway
Saint Augustine, FL 32092

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Ms. Tracey A Williams
Address: 558 Johns Creek Parkway
Saint Augustine, FL 32092

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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



Required Signature/Registered Agent

4/6/2015

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.



Required Signature/Incorporator

4/6/2015

Date