

P15000039318

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

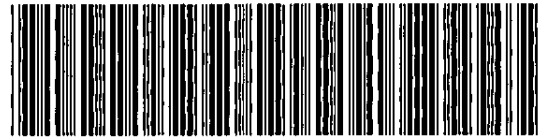
(Business Entity Name)

(Document Number)

Certified Copies 2 Certificates of Status 2

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DEPARTMENT OF REVENUE  
DIVISION OF TAX SERVICES  
15 MAY - 1 PM 3:07  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING

## COVER LETTER

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

**SUBJECT:** PR MODULAR CORP.

(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:** IVAN RIVERA

Name (Printed or typed)

5105 BUFFALO AVE.

Address

JACKSONVILLE, FL 32206

City, State & Zip

787-525-5620

Daytime Telephone number

prmodular@gmail.com

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

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

**FILING CANCELLED  
RETURNED CHECK**

**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: PR MODULAR CORP.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

5105 BUFFALO AVE.

5105 BUFFALO AVE.

JACKSONVILLE, FL 32206

JACKSONVILLE, FL 32206

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

ALL TYPES OF MANUFACTURING, SERVICE AND MAINTENANCE OF GOODS AND AY OTHER BUSINESS

LEGALLY PERMITTED BY LAW

**ARTICLE IV SHARES**

The number of shares of stock is: 1500 / PAR VALUE \$1.00 U.S.

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

Name and Title: IVAN RIVERA/PRESIDENT

Name and Title:

Address 5105 BUFFALO AVE.

Address:

JACKSONVILLE, FL 32206

Name and Title: Name and Title:

Address Address:

Name and Title: Name and Title:

Address Address:

**FILING CANCELLED  
RETURNED CHECK**

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: IVAN RIVERA

Address: 5105 BUFFALO AVE.

JACKSONVILLE, FL 32206

**ARTICLE VII INCORPORATOR**

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

Name: IVAN RIVERA

Address: 5105 BUFFALO AVE.

JACKSONVILLE, FL 32206

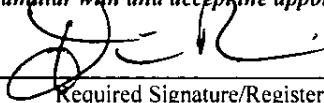
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 5/1/2015 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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*

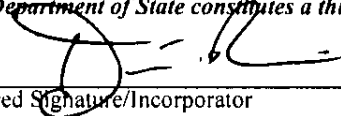


\_\_\_\_\_  
Required Signature/Registered Agent

5/1/15

\_\_\_\_\_  
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

5/1/15

\_\_\_\_\_  
Date